BOYZ 2 MEN Registration Form

Student Information Form

Student Name:	
	Age:
Address:	
Parental/Guardian Contact I	nformation
Father Name:	
Phone Number:	
Emergency Contact Information of an emergency please do so	ation: If you would like to add additional persons to contact in case here.
Name:	
Health: Does the student have	e any Allergy or Health issues we should be aware of? Yes or No
Please provide additional info	rmation:
Church Membership: Does y	our family currently hold membership in a church? Yes or No
Please provide church informa	ation:
Church Name:	

School Enrollment Information: Does your student currently attend school? Yes or No
Please provide school information:
School Name:
Address:
Grade:
What talents and/or interests would you like to share with us?
Is there anything else we should know?

Boyz 2 Men Parent Permission Form

I (parent/legal guardian)	give my son (student"s
,	nission to participate in the Boyz 2 Men Program. I
understand that Boyz 2 Men is an initiative of Holy N	
faith-based organization, and therefore, give my chil	·
activities while participating in the mentoring program	n.
I agree to participate with check-ins to assist my sor performance within the program, school, and home	-
I do hereby agree to hold Holy Nativity Lutheran Che from any and all liability of whatever nature which m	
Yes/No I agree to communication between the BTM announcements as well as guidance.	mentors and my child via texting service for
Yes/No I hereby authorize Holy Nativity Lutheran C of publicity and publication. I have read and underst signature below as evidence of my acceptance of al	
Signatu	re of parent/guardian
Date	
Do you have any concerns that I can pray over for y through this mentor relationship?	ou today? Do you have any goals for your child