

MPFG - Mentoring Program for Girls

Program presented by The Etiquette Consulting Group, LLC

Phone: 410-299-0623 Email: etiquettecg@comcast.net

Winter 2015/Spring 2016 sessions held at location in Northeast Baltimore.



Registration Form

Person filling out this registration form must be the parent or legal guardian of the participant. (Please correct titles if not legal guardian.) Please fill out completely. Use a separate form for each participant.

Child's Name: _____ Date of Birth ____/____/____
Address: _____ Zip Code: _____
Phone: _____ Age: ____ Sex: M ____ F ____
School Name: _____ Grade as of Sept 2010 ____
Talents/Special Interests: _____

Mother's Name: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone #: _____
Personal (not business) E-Mail Address: _____

What is your **preferred** method of contact? ☐ E-mail ☐ phone call ☐ text message (v all that apply)

Father's Name: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone #: _____
Personal (not business) E-Mail Address: _____

What is your **preferred** method of contact? ☐ E-mail ☐ phone call ☐ text message (v all that apply)

In case of EMERGENCY, if neither parent can be reached, please call:

Name: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone #: _____
Relationship to child: _____

I understand that the primary purpose of the Mentoring Program for Girls is to provide positive information for the social and academic development of young girls in a safe and fun environment. It is understood that the program staff will discuss topics, related to but not limited to dealing with peer pressure, developing a positive self image, and developing positive self esteem. I herewith consent to program production, ownership and/or use of our child's photo or other recorded likeness for publicity purposes by the Mentoring Program for Girls and The Etiquette Consulting Group, LLC. I understand that reasonable safety precautions will be taken and I hereby release The Mentoring Program for Girls and The Etiquette Consulting Group, LLC., their employees and volunteers from any and all claims of liability for any damages or injuries our child may sustain.

Parent/Guardian Signature

Date

Parent Comments: _____