



T.I.M.E.

MENTOR PROGRAM

Summer T.I.M.E. Entrepreneur Enrichment Program

APPLICATION FORM

Jacob's Chapel AME Church ~ 318 Elbo Lane, Mt. Laurel, N.J. 08054

Phone: 856-235-7900 ~ Email: info@jacobschapelame.com

Date of Application: _____ Date of Birth: _____

Child's Name and Nickname: _____ Sex: M or F

Address: _____
Street City State Zip

Parent's Name: _____

Home Address: _____ Phone: _____

Parent's Occupation: _____ Place of Work: _____

Work Address: _____ Work Phone: _____

Emergency Phone: _____ Email Address: _____

Please provide contact information for the person(s) authorized to pick-up child and/or contact in case of emergency if neither parent is available:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Child's Doctor: _____

Address: _____ Phone: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Summer T.I.M.E. Entrepreneur Enrichment Program. I understand the photos will be used to keep a journal of activities, to share in PowerPoint presentations and/or reports to our donors, and for promotional purposes including flyers, brochures, newspaper articles, and on the Internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation, and all photos are property of the Summer T.I.M.E. Entrepreneur Enrichment Program.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for transportation of my child for official Summer T.I.M.E. Entrepreneur Enrichment Program activities by modes of transportation agreed to by the organizers.

Parent’s/Guardian’s Initials _____

I indemnify and hold harmless Summer T.I.M.E. Entrepreneur Enrichment Program and its employees from liability for any harm that befalls my child as a result of participation in the Summer T.I.M.E. Entrepreneur Enrichment Program, and I understand that the Summer T.I.M.E. Entrepreneur Enrichment Program is not responsible for any lost or stolen items.

Parent’s/Guardian’s Initials _____

PAYMENT METHODS

- Online at www.JacobChapelAME.org/Registration.html
- Cash
- Check

Signature: _____ Date: _____