

FRESH BREATH INTERNATIONAL WORSHIP CENTER

BOYS 2 MEN MENTORING PROGRAM

ENROLLMENT APPLICATION

CHILD APPLICANT INFORMATION

LAST NAME FIRST NAME DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP

HOME PHONE MOBILE PHONE

EMAIL ADDRESS T-SHIRT SIZE

Have you ever been convicted of a crime? * ___ YES ___ NO

Have you ever been arrested? * ___ YES ___ NO

Have you ever had to do community service? * ___ YES ___ NO

Have you ever been suspended from school? * ___ YES ___ NO

Have you ever tried illegal drugs? * ___ YES ___ NO

CHILD APPLICANT EDUCATION

What school do you attend? * _____

Current Grade _____

DISCLAIMER AND ACKNOWLEDGEMENT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release.

Participation in this program is a privilege and not a right. Both the parent/guardian and child must understand this concept. If the rules and regulations are not followed the child can be removed from the program at any time.

Parents/Guardians: I do agree to support the program to the best of my ability, if my son is accepted.

Parent/Guardian Printed Name

Applicant Printed Name

Parent/Guardian Signature

Applicant Signature

Date

Date

FOR OFFICE USE ONLY

Reviewed by: _____ Approved Denied

Date: _____

Notes: _____
