



# Berea Teen Mentoring Enrollment

Stephenson Hall, Second Floor  
CPO 2170, Berea, KY 40404  
895.985.3613 or 895.985.3805  
www.berea.edu/celts

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

(Print Name Here; Sign on Last Page)

Has your child participated in the Berea Teen Mentoring program before? Yes      No

## Berea Teen Mentoring Programs

### Teen Nights

Berea Teen Mentoring meets on Thursday evenings from at 5:30pm 8:00pm. If we provide transportation, your teen should be picked up between 4:30pm and 5:30pm and should be dropped off between 8:00pm and 9:00pm. If changes occur, the Berea Teen Mentoring Staff will do our best communicate this in advance.

### Service Projects

We will also have about two service projects per semester. These are typically scheduled for Saturdays. We require that your teen come to at least one of these. The Berea Teen Mentoring Staff will communicate the dates and times of those at least two weeks in advance.

### Attendance Policy

Since the Berea Teen Mentoring program focuses on building positive relationships, it is very important that your teen attend the program regularly. Berea Teen Mentoring requires a commitment of one night each week. Teens are typically allowed no more than 3 absences in a semester to remain in the program. If your child cannot attend on a particular night, please let us know as soon as possible (preferably one day in advance). You can reach us or leave a message at 859.985.3613.

Initial here if you understand our attendance policy. \_\_\_\_\_

# Berea Teen Mentoring Enrollment

## T-Shirt Size

Child \_\_\_\_\_ Adult \_\_\_\_\_

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Other (please specify) \_\_\_\_\_

## Transportation

Will the Berea College Center for Excellence in Learning through Service (CELTS) Program be providing transportation for your teen each week?  Yes  No

Location and address where my teen may be picked up: \_\_\_\_\_

\_\_\_\_\_

Location and address where my teen may be dropped off: \_\_\_\_\_

\_\_\_\_\_

Special instructions for picking up or taking home my teen: (Please include alternate locations and addresses, if relevant.)

\_\_\_\_\_

\_\_\_\_\_

Does your child have permission to walk home after CELTS programming?  Yes  No

## Transportation Release

I have requested the Berea College Center for Excellence in Learning through Service (CELTS) Program to allow my child \_\_\_\_\_ to be transported to and from Stephen Hall located at Berea College. My child will be transported in College vehicles by a College student or fulltime staff solely for the purpose of participating in CELTS programming. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

## Liability Release and Waiver

As a condition of my child's participating in this program and use of transportation, I, the undersigned do hereby agree to the following:

I understand that my child's participation in this program is voluntary and that this program and related activities could expose my child to known, unknown or unanticipated risks of property damage, personal injury and even death. Acknowledging that such risks exist, I hereby release and discharge Berea College, its trustees, officers, agents, employees, and students (including but not limited to all CELTS staff) from any and all claims of liability for bodily/personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person

## Berea Teen Mentoring Enrollment

in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release Berea college, its trustees, officers, agents, employees, and students (including CELTS staff) for any negligence of the College, the program, or the trustees, officers, agents, employees, or students of Berea College relating to the program and any program activities.

---

**Parent and/or Legal Guardian Signature** **Date**

---

**Printed Name of Parent and/or Legal Guardian**

**Pick-Up Policy**

Will your teen regularly be transported to Berea Teen Mentoring Program? \_\_\_Yes \_\_\_No

Will your teen regularly be transported from Berea Teen Mentoring Program? \_\_\_Yes \_\_\_No

In order to ensure the safety of your child, Berea Teen Mentoring will strictly follow a Pick-Up Policy. This policy has been set in place so that BTM staff and volunteers know who your child is allowed to leave BTM program with, whether it be at the end of program or for an emergency. While they are at program, they are BTM staff’s responsibility, and we want to ensure your teen’s safety to the best of our ability. Thus, we are requiring that all participants have a parent approved list of all of the people who are allowed to pick up your child from the program. If a person is not listed on this form, we will not release your child. Therefore, please list anyone that you think might pick them up, even if your child is transported by BTM staff on a weekly basis. We also ask that everyone who would be picking up your child have a photo id with them. Everyone will be asked for identification before we release your child.

In the spaces below, please list all persons who are allowed to pick-up your child, as well as their contact information. Until this form is returned, the only person that will be able to sign your child out will be a parent or guardian.

**Approved Pick-Up List**

<u>First Name</u>	<u>Last Name</u>	<u>Phone No.</u>	<u>Relationship to Program Participant</u>

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission to the following individuals to pick up my child from Berea Teen Mentoring Program for any reason. By signing below, I indicate that I understand that any individuals not listed on the form will not be

## **Berea Teen Mentoring Enrollment**

allowed to pick up my child, and that any individuals picking up my child will be asked to show a photo ID as verification of their identity.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**Please return this application to CELTS, Berea Teen Mentoring, CPO 2170, Berea College, Berea, KY 40404. If you have questions please call us at: (859) 985-3613.**