



common ground montgomery

FOR OFFICE USE ONLY
Dt: _____
Tm: _____
Rec'd by: _____
Priority: _____

CGM LEADERSHIP PROGRAM APPLICATION

Program Start Date: September 5, 2017

Please **read** and fill out the **entire application** and return to the CGM office. Fill out one application per student. Your student should be at least **5 years old and in the Kindergarten by August 10th** in order to attend this leadership development program.

Student's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Sex: _____ School: _____ Grade: _____

Street Address: _____ Apt #: _____ (If you live in Gibbs which section: One Two)

City: _____ State: _____ Zip: _____ Parent/ Guardian's Name: _____

Phone: (____) _____ Work: (____) _____ Email: _____

Would you like to be notified or updated on CGM info through Facebook? Yes No

Your student's STI Pin Number from their school is required upon program acceptance.

Medical Information and Emergency Medical Treatment

Please list any medical conditions or allergies that we should know about:

In the event _____ (print student's name) becomes ill or sustains an injury while in the care of, or under the supervision of, CGM staff, coordinators, volunteers, or other representatives, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my student to the nearest appropriate emergency facility.

Please list **TWO** emergency contacts and their phone numbers other than the parents of the student:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Name of parent/guardian (Please print)

Date

Parent/Guardian's Signature

CGM Leadership Program Hours and Driving Details

- CGM Leadership hours are from 2:45 PM - 5:45 PM, Monday through Thursday, and **2:45 PM - 4:45 PM on Friday**
- We will pick up from Carver Elementary, E.D. Nixon Elementary, T.S. Morris Elementary, Bellingrath Middle, Carver High, and Lanier High Schools.
- Drop offs will start at 5:45 PM

*** Please make arrangements to have someone at home as the students are dropped off. ***

Does your student need to be picked up from school? Yes No

Will you be picking your student up from CGM everyday? Yes No

If you DO NOT live in the Gibbs Village, Washington Park, or Western Hills areas, you will need to make arrangements to have your child picked up **NO LATER THAN** the program end time.

CGM Leadership Program Attendance Policy

Daily attendance is required for the CGM Leadership Program in order to remain in the program. Tardies will be counted and will equate to absences.

- After 7 absences or 3 unexcused absences in a semester, your student will be withdrawn from the CGM Leadership Program. The student must provide a valid excuse in writing for the absence not to count as an unexcused absence.
- If it is necessary for a student to be absent from the CGM Leadership Program for any reason, the parent or legal guardian **MUST notify the office at 334.593.5803 prior to the program starting.**
- **If your student is suspended from the program, it counts as an absence.**

Activity/ Trip Consent

I am the parent or guardian of _____, I give him/her permission to participate in all activities and attend all trips with Common Ground Montgomery.

Parent/guardian Signature

Date

Disclaimer

I, the parent/ guardian of (print student name) _____, hereby register him/her for participation in the CGM Leadership Program and fully agree to the rules and regulations, and do hereby release CGM and its directors, representatives, employees, and volunteers, from any liability. I, (print student name) _____, release CGM from all responsibilities from injuries of any nature incurred while participating in the CGM Leadership Program. I understand that my student will be supervised at all times, and that medical insurance is my responsibility.

Parent/guardian Signature

Date



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Student's Name: _____

Nickname: _____

CGM Parent Check Out Policy

Picture Identification (ID) is required when picking up any student. Prior notice must be given when a person other than the parent or guardian is picking up the student. We will not allow a student to leave with someone other than the parent or guardian without prior permission.

Please list all adults below who are authorized to pick up your student.

We do apologize for any inconvenience, but do know that we deeply care for the safety of your student and are implementing these policies to keep your student safe. If you would like to add someone to the list after you have already submitted your application, you may do so by calling ahead of time and asking our receptionist to pull your application. Thank you for trusting your student in our care! We appreciate you!

In Christ,
CGM Staff
334.593.5803

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P.O. Box 1866, Montgomery, AL 36102
1516 Mobile Rd, Montgomery, AL 36108
334.593.5803



CGM PHOTO RELEASE FORM

Print Child's Name: _____

As the parent or guardian of the above named child, I hereby grant permission, without reservation, to COMMON GROUND MONTGOMERY ("CGM") and those authorized by CGM, to use my child's likeness in original or modified photographs, videos, or other print or digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the CGM and will not be returned.

I hereby irrevocably authorize CGM to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose in relation to the promotion, public education, and/ or fundraising activities of CGM. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge CGM, its directors, agents, employees, and independent contractors, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate, have or may have by reason of this authorization.

I HAVE READ AND I UNDERSTAND THE ABOVE PHOTO RELEASE AS EVIDENCED BY MY SIGNATURE BELOW.

Print Name: _____

Signature: _____ Date: _____