



People of Progression

333 1st Street, Ste A

Menasha, WI 54952

o: 920-815-9487

info@peopleofprogression.org

Parent Permission Form

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Prevention Program with People of Progression.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of 4-8 hours a month individually with my child in a public place in the community, or at the Boys & Girls Club. The mentor is not allowed to take my child beyond the area that was mutually agreed upon.

I understand that my child and myself as parent/guardian will participate in an orientation session with P.O.P. in which the program will be explained. The program is planned to grow and grow with your child. Continuation may be discussed.

I understand that during the course of the Prevention program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of P.O.P. will provide ongoing monitoring of the Prevention activities.

I understand and give permission for my child to be transported by authorized individuals to and from scheduled activities, events, and excursions as part of the program.

I give the People of Progression Youth Coordinator(s) permission to obtain my child's academic and attendance records from my child's school.

☐ By checking this box I permit People of Progression to utilize photographs of my child taken during their involvement in the Prevention program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to People of Progression Youth Coordinator at JustinA@peopleofprogression.org by _____.