ROSELLE FIRST

Positively Positive Mentoring for

YOUTH ages 8 to 13

Mentoring/Coaching
1 hour a week on
Thursdays from 4-5 pm
➡Enrollment: January 21st – Feb. 21st

➡Commencing February 23, 2017.

Roselle Borough Residents Ages 8 to 13

Roselle Location
210 Chestnut Street, Borough Hall, Lower Level, Roselle, NJ 07203
(908) 447-9877 for details!
Roselle First
Communities In Cooperation, Inc. (CIC)
Guardians please complete the attached enrollment form and fax to 908-245-4023 or drop off or mail to Roselle First Mentoring Program 210 Chestnut Stree!, Lower Level, Roselle, NJ 07203

NOTE: For hard to reach youth, we have professionals that will provide several individual special development plan sessions for positive guidance. The program runs from Feb - Nov 2017 with a closing ceremony in Dec.

Communities In Cooperation, Inc. (CIC)

9-11 Crawford Street, Suite 3, Newark, NJ 07102 (973) 558 5378 Fax (973) 558 5383 (The CIC Youth & Family Services Center)
1025 John Street, Linden, NJ 07036 (908) 290-3107 Fax (908) 718 5889 (The CIC Youth & Family Success Center)
210 Chestnut Street, Suite 104, Roselle, NJ 07205 (908) 245 1735 Fax (908) 245-4023 (Roselle First Employment Center)

Pamela B. Jones, CEO WEBSITE CIC-NJ.ORG

OFFICE USE: # _____

CIC - *Making communities better; one person at a time!*

ROSELLE FIRST Enrollment Form 2017 -Youth Mentoring and Life Skills Program

'Positively Positive' *(for youth ages 8-13) FOR ROSELLE RESIDENTS ONLY*

Name of Child 1 and	Date of Birth	Race	Name of Child 2 and	Date of Birth	Race

Name of Child 3 and	Date of Birth	Race	Name of Child 4 and	Date of Birth	Race

Name of Child 5 and	Date of Birth	Race	Name of Child 6 and	Date of Birth	Race

Print Parent/Guardian Name(s): _____ _____

Full Address_____

Email: _____ **Home Phone:** ____ ____ _____ **Cell Phone:** ____ ____ _____

Household Income: $_____

List allergies by child and/or special needs:

Name of Child 1 _____

Name of Child 2 _____

Name of Child 3 _____

Name of Child 4 _____

Name of Child 5 _____

Name of Child 6_____

Emergency Contact: Name_____ **Relationship:** _____ **Phone:** ____ ___ _____

On behalf of all of my participating children listed above, of whom I am parent/guardian, I agree to indemnify and hold harmless, Communities In Cooperation, Inc. (CIC) and/or CIC Roselle First, its executive officers, Board of Trustees, agents, employees, and associates from any and all losses, damage suits, claims, costs, medical or other related expenses, demands, judgments or liabilities, whatsoever, arising out of, or in any way connected with therewith, particularly regarding any physical injury incurred as a result of the participation in the program, or as a result of the above named program, and from any resulting medical expenses. Further more, on behalf of my participating children listed above, of whom I am parent/guardian, I grant permission for him/her to be included in any audio/video tape and/or photographs made of his/her participation in the above mentioned program, and further grant CIC permission to use such video/audio tape and/or photos for any promotion and reporting of program activity report to funders and the Board.

Guardian Authorization Signature: _____ Date_____