Dear Parent,

**Congratulations!** Your child has been accepted to the ………… Concept Young Scholar Program.

Your child has chosen his/her volunteer mentor teacher. His/her name is under the commitment form. In order to complete the registration process, we request that you to sign this Commitment Form and return it to the Program Coordinator, Mr. /Mrs. ……………………., by September …, 2015.

**CONCEPT YOUNG SCHOLAR PROGRAM COMMITMENT FORM**

**STUDENT**

I have reviewed and agree to abide by each of the responsibilities and expectations outlined in the H.S.A. Concept Young Scholar Program information sheet. I understand that failure to follow the CYSP responsibilities may result in my dismissal from the program.

*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_*

**PARENT(S)/GUARDIAN(S)**

I/We, the parents of the above-named student, have received and reviewed the CYSP information sheet and understand my/our responsibilities for the program. I/We agree to support my/our child and the volunteer mentor teacher by communicating regularly and encouraging my/our child to be an active participant of the CYSP.

Should my child sustain or incur any accident or illness while in the CYSP, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

For transportation needs, unless I offer another option to the school, I am giving full consent to the HSA Staff/volunteers for the transport of my child.

I give permission for my child to participate in any and all activities of the CYSP, and I do not hold the HSA …………………. liable for my child.

*Parent/Guardian Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent/Guardian Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**VOLUNTEER MENTOR TEACHER**

I have read the CYSP and agree to participate in activities and events related to CYSP, and I will work voluntarily to implement the CYSP and work closely with the CYSP Coordinator.

I have read this application and agree to abide by the commitments made in it. I will contact the Program Coordinator if I will be absent from a mentoring session and I understand that excessive absences will result in removal from the program.

To respect the privacy of children and families participating in our program, children’s records remain confidential and any information obtained about a child, from his/her address to work habits, may not be disclosed to others except the child’s teacher, principal, program coordinator, parents and/or legal guardian. I agree to honor these confidentiality requirements.

*Volunteer Mentor Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CYSP Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*