

Application

***Please fill out this application in its entirety. The more information you give us about your child, the better we can assist them. Please attach a recent report card so we can see areas that may need reinforcement and track progress if grades improve. Once this application is complete to include recommendation from the school staff, please scan and email to Youngnavigators@sbsuffolk.org or drop off at the church office at Southside Baptist Church during normal business hours. If any questions or concerns with this process, please reach out via the email above.**

Participant Information

Name: _____ Date of Birth: ____/____/____ Age: ____
 Grade: ____ Gender: __M/ F __
 Address: _____
 Parent/Guardian Name: _____ Relationship: _____
 Cell Phone: _____ Text ok: _yes no
 Email: _____

EMERGENCY CONTACT:

Name	Relation	Contact Number
1.		
2.		

AUTHORIZED PICK-UP (aside from listed Parent/Guardian at top of this page)

Name	Relation	Contact Number
1.		
2.		
3.		

UNAUTHORIZED PICKUP: (Legal documentation must be attached if parent is listed below)

NAME	RELATION

Additional Information:

Known Allergies: _____

Medical Conditions: _____

Any information you wish to share with us about your child that **may help us help them**: (any history of IEP/504, specific areas your child may need help in)

Risk/Hold Harmless Clause

I acknowledge I have received Young Navigators information and understand that I am responsible for the information it contains. I understand this is a faith-based outreach ministry of Southside Baptist Church. I understand that all individuals will be required to use our secure check-out procedures. (photo ID/ barcode verification)

In consideration of my child's participation in the Young Navigators program, I agree to the following. **WAIVER FOR PARTICIPATION:** in consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors, and assigns, now and forever, release, indemnify, save, defend, and hold harmless the Southside Baptist Church, its volunteers, official, employees from and against all claims including, but not limited to claims for personal injuries, death, fees, losses and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or run by Southside Baptist Church.

CONSENT TO USE PHOTOGRAPHS: Stating further, I authorize Southside Baptist Church and its departments to take photographs, audio and video recordings of me and/or my child at any church activity. Initial to revoke this _____ (photos are not ok)

Signature of Parent/Guardian: _____ Date Signed: _____

Print name: _____

Permission Slip for Southside Baptist Church’s Young Navigators

I give my child _____, permission to attend the Young Navigators for the 2023-2024 school year. I understand that my child will ride the bus from Kilby Shores ES to SBC every Wednesday for the purpose of tutoring and mentorship.

I understand that I will be required to pick up my child by 5:30pm

Child Name

Parent Name

Parent Signature

Principal/ Guidance Acknowledgement/ Recommendation:

I, _____ recommend this student for participation in Young Navigators.

Comments:

Name: _____

Title: _____