

## **Participant Commitment Form**

## Session Year 2022-2023

Participant Name:	DOB:
Parent/Guardian Name(s):	
Parent/Guardian Phone Number:	
Address:	City:
weekly mentorship program for the 2018-20 August 1, 2018 and end on May 31, 2019. Yo	ill be notified of your child's assigned mentor,
Number of children enrol	led Monthly Fee
1	\$200.00
2	\$280.00
3	\$340.00
4	\$380.00
5+	\$400.00
card must be remain on file with a third-par ***To be considered for fina	nade at the beginning of each month and a cred ty processor. Incial assistance please complete a leration Request form.
Parent/Guardian Signature	Date