

Pearls and Roses

Mentorship Program for Girls ages 7-17

Registration Form

Phone: 242-5357681 / 6053311

Email: pearlsandrose242@gmail.com

Address: P.O. Box N10479, Nassau, Bahamas

Participant Information

Full Name: _____

Date of Birth: _____

Age: _____

Grade Level: _____

School Name: _____

Address: _____

Any Allergies or Medical Conditions: _____

Parent/Guardian Information

Full Name: _____

Relationship to Participant: _____

Contact Number: _____

Email Address: _____

Program Expectations and Guidelines

- **Attendance:** Participants are expected to attend all scheduled meetings. Missing more than two meetings may result in dismissal from the program.
- **Participation:** Active participation in all activities and discussions is required.

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- **Respect:** All participants must show respect to their peers, mentors, and themselves at all times.
- **Commitment:** Participants should be committed to their personal growth and the goals of the Pearls and Roses program.
- **Communication:** Any issues or concerns should be communicated to the mentors promptly.
- **Dues:** A fee of \$5.00 per meeting is required to help with sponsorship needs.
- **Meeting Schedule:** Meetings are held every 2nd and 4th Saturday from 10am to 12 noon at Boost Academy.

Consent and Agreement

Parent/Guardian Consent:

I, _____ (Parent/Guardian Name),
give permission for my child, _____
(Participant Name), to participate in the Pearls and Roses Mentorship Program. I
understand that the program includes various activities and workshops designed to
promote personal development and leadership skills.

Signature: _____

Date: _____

Additional Information

How did you hear about the Pearls and Roses Mentorship Program?

What are your expectations for this program?

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Any additional comments or questions:
