

# Community Connection Services Tutorial Program

PAL, 3280 Marion Street, Fort Myers, Florida 33916

239-896-7191,

[www.ccsifl.org](http://www.ccsifl.org)

## Application

FULL NAME:		
CAREER GOAL:		
SCHOOL:		
GRADE:	GPA:	
HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	ALT PHONE:	
STUDENT NEED:	REG FEE: \$100	
MATH _____ READING _____ SCIENCE _____ FOCUS _____ COUNSELING _____		
MEDICAL PROBLEMS:		

**THIS REQUEST IS ACCEPTED WITH THE UNDERSTANDING THAT PARAGON FLIGHT SCHOOL, THE CITY OF FORT MYERS, LEE COUNTY, THE FORT MYERS POLICE DEPARTMENT, THE FORT MYERS POLICE ATHLETIC LEAGUE, COMMUNITY CONNECTION SERVICES, INC., ITS AGENTS OR ITS EMPLOYEES WILL NOT BE LIABLE FOR INJURY SUSTAINED IN TRANSIT TO OR FROM ANY SPONSORED FUNCTION, OR AS A RESULT OF PARTICIPATION IN ANY ACTIVITY. THE INABILITY TO CONFORM TO THE RULES AND REGULATIONS OF CCSI ON ANY PART OF THE MEMBER WILL RESULT IN THE NOTIFICATION OF THE FRACTION TO THE PARENT OR GUARDIAN. CCSI RESERVES THE RIGHT TO DISMISS ANY MEMBER FOR JUST CAUSE.**

\_\_\_\_\_  
Print Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**IN CASE OF AN EMERGENCY, IF UNABLE TO BE CONTACTED, I AUTHORIZE THE COMMUNITY CONNECTION SERVICES, INC. TO AUTHORIZE EMERGENCY SERVICES FOR THE CHILD LISTED ON THIS APPLICATION.**

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

CELL: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_