

APPLICATION



Information Required:

Children Full Name :

Date of Birth :

Phone Number :

Address

Parent/Guardian Full Names and Relationship :

E-Mail :

Best Time To Call : Morning Afternoon Evenings Weekend

Grade:

School :

Teacher :

Previous experience? : Yes No

Learning Preference : Yes No

Explain :

Emergency Contact Name and Relationship :

Phone Number and E-Mail :

I, _____, am excited to participate in the **Financial Literacy Program** and learn more about managing money wisely.

Student Signature: _____ **Date:** _____

I, _____, by signing below, I confirm my child's participation in the **Financial Literacy Program** and I agree with all terms outlined in this application:

Parent/Guardian Signature: _____ **Date:** _____

Internal Use | Questions :

- How did you hear about us? Social Media Signs School Drive By Other
- Would you authorize TGGC and affiliates to call or email with promotions and or other type of information? Yes No
- Are you following us in social media? Yes No

QUESTIONNAIRE



Page 2:

What are your primary goals for your child participating in the Financial Literacy program?

What specific financial topics are you most interested in having your child learn about? (e.g., saving, budgeting, investing)

Do you feel your child currently has a basic understanding of money management? Please elaborate.

What learning style best suits your child? (e.g., visual, auditory, hands-on)

Are there any particular financial habits you hope this program will help your child develop?

How important is it for you that the program includes interactive or practical activities?

What are your expectations regarding homework or activities to be completed outside of class?

Do you have any concerns about the program that you would like addressed before enrolling your child?

How would you like to receive updates about your child's progress and program updates?

What duration and frequency of classes do you think would be most beneficial for your child?

CONSENT FORM



Page 3:

Participant Information:

Child's Full Name: _____

Date of Birth: _____

Grade Level: _____

School Name: _____

Parent/Guardian Information:

Full Name: _____

Relationship to Child: _____

Primary Contact Number: _____

Email Address: _____

Home Address: _____

Consent for Participation:

I, _____ [Parent/Guardian Name], hereby give consent for my child, _____ [Child's Name], to participate in the **Financial Literacy Program** conducted by **The Golden Group Cares**. I understand that this program is designed to teach children about basic financial concepts including budgeting, saving, and responsible spending in a safe and educational environment.

Medical Information:

Please list any allergies, medical conditions, or special needs that the staff should be aware of to ensure the safety and well-being of your child during the program: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Phone: _____

Photo and Media Consent:

I hereby grant **The Golden Group Cares** permission to take photographs and/or video recordings of my child during the program for promotional, educational, or informational purposes without compensation. I understand that this material may be used in publications, presentations, websites, or other media material produced by **The Golden Group Cares**.

Please indicate your consent:

Yes

No

CONSENT FORM



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Liability Waiver:

I acknowledge that participation in the program may involve physical activities and interactions that may pose risks, and I assume all related risks for my child's participation. I agree to release and hold harmless **The Golden Group Cares**, its employees, volunteers, and agents from and against any claims, damages, or liability arising from or related to my child's participation in the program.

Parent/Guardian Signature:

Signature: _____

Date: _____

Please review and complete this form and return it to us before **November 8, 2024**. We look forward to providing a valuable and engaging experience for your child. Thank you for your trust and cooperation.

Contact Information for **The Golden Group Cares**:

- **Phone:** (281) 501-3808
- **Email:** info@TheGoldenGroupHTX.com
- **Address:** 707 Quitman St, Houston TX 77009