

# Jones Memorial United Methodist Church

*Student Aid Committee's*

## COLLEGE BOOT CAMP

Saturday, October 29, 2011 between 9 a.m. - 2:45 p.m.

*Breakfast and Lunch Will Be Served*

### Participant Info:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel.: Home: (    ) \_\_\_\_\_ Child Cell: (    ) \_\_\_\_\_

Gender (Circle One): Male / Female

Current School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_



### Parent/Guardian Info:

Name: \_\_\_\_\_ / Relationship to Participant: \_\_\_\_\_

Tel.: Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

How many children do you have in college? \_\_\_\_\_

Person(s) authorized to pick up attendee \_\_\_\_\_

Will parent/guardian be attending the workshop with student? (Circle One) Yes / No

*If not, please provide an emergency contact name and telephone number...*

Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Does your child have any food allergies? (Circle One) Yes / No

*If so, please list:* \_\_\_\_\_

**I give my permission for my child to attend.**

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

\_\_\_\_\_  
Date

Submit Above Application via email  
to [bootcamp4college@yahoo.com](mailto:bootcamp4college@yahoo.com)  
or via fax to (415) 657-9703

**Rev. Staci Current, Pastor**  
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