



Community Development Corporation
Empowering communities by connecting resources to need

**Beyond the Classroom Program
Registration Form**

Full Name _____

Birth Date _____ Age _____ College Year _____ Gender: (Circle) Male/Female

Ethnicity: (Circle) Hispanic or Latino non-Hispanic or Latino

Race: (Circle) Black/African American, White, Asian, Native Hawaiian or Pacific Islander, Other

Address _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ (Text is used to communicate in emergencies)

Email _____

College/University _____ Major/Minor _____

BCP Needs: (please indicate with a✓). (BCP works in conjunction with the University and Government Calendar, however, all days will be scheduled by our calendar of open dates)

9AM-12N _____ 1PM-6PM _____ 3PM-8PM _____ MWF _____ TR _____

Emergency Information Please give the best phone number to be reached.

Name _____ Relationship _____

Phone (W) _____ (H) _____ (C) _____

Name _____ Relationship _____ Phone: _____

Do you have Children (Circle) (Yes/ No) If yes, complete below

List Name, Age and Grade Level

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

By signing below you give permission for BCP to tutor your son/daughter only during the hours you are present in BCP.

Parent Signature: _____ Printed Name: _____

Medical Consent PLEASE NOTE BCP WILL NOT ADMINISTER ANY MEDICATIONS

Student's Name _____

Doctor's Name _____ Phone# _____

Address _____ Hospital Preference _____

Medical Problems/Allergies _____

I authorize the Beyond the Classroom Program to seek hospital emergency care and/or medical treatment as needed to the nearest facility in case of incapacitation on my part.

Student's Signature _____ Date _____

Photo, Video and /Media Permission

I give permission to the City of Life Corporation for photographs, videos, creative work, quotes, or other media which may include all participants of Beyond the Classroom Program to be used in media releases and products to benefit City of life Corporation programs.

Student's Signature _____ Date _____

Printed Name of Student _____

Contact Information:

Sherie Woods, Associate Executive Director

Phone: 615.299.0508

Email: Sherie@cityoflifecdc.org

Misha Maynard, Executive Director

Phone: 615.299.0520

Email: Misha@cityoflifecdc.org

City of Life Fax: 615.299.5535

Location: Cathedral of Praise Church 4300 Clarksville Pike Nashville, TN 37218

The City of Life Community Development Corporation does not discriminate on the basis of age, race, sex, color, national origin, or disability in admission, access to, or operations of its programs, services, or activities.
