

Mentoring Matters Conference

Friday, March 14, 2014

Registration Form – Mentee Track

Mentors, Parents & Guardians Welcome to Attend

REGISTRATION:

To register, return the completed form to Mentoring Partnership – 150 Motor Parkway, Suite 90, Hauppauge, NY 11788 fax to (631) 761-7803 or email epeleti@mentorkids.org.

Direct Inquiries to: Franca Floro, Director of Training Phone: 631-761-7800 Email: ffloro@mentorkids.org

COST:

Free to attend, but attendance must be confirmed. Donations are always graciously accepted to help us defray expenses.

LOCATION:

Long Island University/C.W. Post Campus
Humanities Hall (Parking available in front of Hillwood Commons Building)
720 Northern Blvd., Brookville, NY 11548-1300

Adult/Mentor Name: _____ Program Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you attending with your Mentee? Yes No

Name of your Mentee: _____

Please note: Permission to Participate form must be submitted for registration of youth.

Are you attending as part of a group outing? Yes No

Name of person coordinating this outing: _____

DIRECTIONS:

From Eastern Long Island: Take the LIE (I-495) to Exit 41N (Route 107). Turn right (North) onto 107 North. Proceed to Northern Blvd (Route 25A) and turn LEFT. CW Post is on the left.

From New York City: Take Queens-Midtown Tunnel to LIE (I-495). Take Exit 39 and make a left at the light – Glen Cove Road North. Go North for 2 miles and turn RIGHT (East) on Northern Boulevard (Rt. 25A). CW Post is on the right side.

Once you enter the campus, follow signs to “Hillwood”. Park and enter through Hillwood to get to Humanities Hall, where the workshops take place. Call for special instructions for handicapped parking.



150 Motor Parkway, Suite 90
Hauppauge, NY 11788

631-761-7800 • Fax 631-761-7803

Website: www.mentorkids.org
E-mail: info@mentorkids.org

Mentoring Matters Conference

Permission to Participate Form

***Must be submitted along with Registration via email to
epeleti@mentorkids.org no later than February 15, 2014***

School or Mentoring Program Affiliation: _____

Parent/Guardian Name: _____ Phone: _____

PERMISSION TO PARTICIPATE:

My son/daughter (please circle one), _____ (fill in child's name) may participate in the Mentoring Matters Conference on **Friday, March 14, 2014** on the campus of Long Island University/CW Post Campus in Brookville.

At this event, through keynote speakers, dynamic and creative workshops and interactions with other students from other schools across Long Island, youth will have the opportunity to learn new skills, enhance individual strengths and enjoy a positive day of learning and inspiration with their mentors.

PERMISSION TO TRAVEL TO THE MENTORING MATTERS CONFERENCE:

I understand that my child will travel to and from the Mentoring Matters Conference under the supervision of the school and/or the agency affiliated with the particular Mentoring Program.

PHOTO/VIDEO RELEASE:

I grant permission for photographs/video of my child to be used during media coverage or for educational or promotional purposes. (To deny permission, cross-out preceding sentence and initial.)

MEDICAL RELEASE:

I understand that my child will be accompanied by his or her teacher, mentor or other authorized adult and authorization previously provided for medical treatment will apply to this event as well.

By signing below, you agree to your child's participation and all of the above.

Signature of Parent/Guardian

Date

Please FAX this form to the Mentoring Partnership at: 631-761-7803. EMAIL epeleti@mentorkids.org

Forms can also be mailed to: 150 Motor Parkway, Suite 90, Hauppauge, NY 11788. Parents/Guardians may call the office with any questions at 631-761-7800.



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