

# Purposeful Coaching Enrollment Application



PO Box 491691  
 Atlanta, GA 30349  
[purposefulmindsined@gmail.com](mailto:purposefulmindsined@gmail.com)  
 (404) 981-8329

<b>Child's Information:</b>			
Last Name:	First Name:	DOB:	Age:
Gender:    ____ Female    ____ Male		Grade:	
What school district does your child attend?		What school does your child attend?	
<b>Parent/Guardian Information:</b>			
Last Name:	First Name:	Relationship:	
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Last Name:	First Name:	Relationship:	
Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
<i>Of the parent(s)/ guardian (s) listed above, which parent will serve as the point of contact:</i>			
Name:		Preferred method to contact parent/guardian:	

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## Permission and Liability Waiver:

My child, \_\_\_\_\_ has permission to participate in tutoring services and learning activities offered by Purposeful Minds Educational Center, LLC. As a parent/guardian of the child mentioned above, I do hereby grant Purposeful Minds Educational Center, LLC staff and designated adults the right to authorize medical treatment for my child in the event that I, or my designated representative(s) cannot be reached. I agree to hold harmless Purposeful Minds Educational Center and its agents from liability resulting from an accident. The Georgia Good Samaritan Law will apply.

I hereby grant permission for the staff to take whatever steps deemed necessary to obtain emergency treatment for my child. These steps may include, but are not limited to the following:

1. In a life-threatening situation or urgent emergency, staff will call 911 before attempting to contact parent/guardian.
2. For non-life-threatening emergency, we will attempt to call the parent/guardian first, if we are not successful in reaching the parent, we will attempt to contact the in case of emergency contacts listed above. If we are not able to make appropriate contact, we will call the paramedics or the child's health care provider.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

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## Publicity Release Form

Please complete this form in its entirety and return it with your enrollment package.

Check one that applies:

\_\_\_\_\_ I hereby authorize Purposeful Minds Educational Center, LLC permission to use a photograph or other image of my child for public relations purposes connected to tutorial services and future programs associated with Purposeful Minds Educational Center, LLC.

\_\_\_\_\_ I do not authorize Purposeful Minds Educational Center, LLC permission to use a photograph or other image of my child for public relations purposes connected to tutorial services and future programs associated with Purposeful Minds Educational Center, LLC.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date