**BOYS WITH A PURPOSE**

**Boys With A Purpose is dedicated to building strong young men of discipline, integrity, and character. Through our Life Skills Curriculum, we are helping to change the lives of young men every day.**

A blue background with white text and silhouettes of boys

Description automatically generated

**Boys With A Purpose: Parent Goals Questionnaire**

**Introduction**  
Welcome to Boys With A Purpose! We are thrilled to have your son join our Afterschool Transformational Mentoring Program. Our mission is to support and guide young men as they grow into confident, responsible, and successful individuals. Through our program, we focus on character development, academic improvement, and enhancing problem-solving skills, all while working closely with parents and teachers to ensure the best outcomes for your child.

To help us better serve your son, we ask that you take a few moments to complete this questionnaire. Your insights will help us tailor our program to meet the unique needs of your child and your family.

**Parent Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questionnaire**

1. **Goals for Your Child**  
   What are your primary goals for your son by the end of the program? (Select all that apply)
   * Improved academic performance
   * Enhanced problem-solving skills
   * Increased self-confidence
   * Better decision-making abilities
   * Stronger sense of responsibility
   * Improved communication skills
2. **Character Development**  
   Which of the following character traits would you most like to see developed in your child through our program? (Select up to 3)
   * Respectfulness
   * Integrity
   * Leadership
   * Empathy
   * Resilience
   * Perseverance
   * Self-discipline
3. **Academic Support**  
   How would you like us to collaborate with your child’s teachers to support their academic progress?
   * Regular communication with teachers
   * Setting academic goals and tracking progress
   * Providing additional tutoring or homework help
   * Encouraging participation in class activities
4. **Problem-Solving Skills**  
   In what areas do you believe your child needs the most improvement in problem-solving?
   * Critical thinking
   * Conflict resolution
   * Time management
   * Decision-making under pressure
   * Adaptability to new situations
5. **Parental Involvement**  
   How can we best involve you in your child’s development through this program?
   * Regular updates and progress reports
   * Parent workshops and training sessions
   * Opportunities for one-on-one meetings with mentors
   * Volunteer opportunities within the program
6. **Expectations for Behavior**  
   What behavioral expectations do you have for your child while participating in the program?
   * Demonstrating respect for others
   * Taking responsibility for actions
   * Following directions and rules
   * Displaying a positive attitude
7. **Additional Feedback**  
   Please share any additional thoughts or concerns you have regarding your child’s participation in the program:

Thank you for your time and valuable input. We look forward to partnering with you to ensure your son's success in Boys With A Purpose!

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Boys With A PurposeAfter-School Mentoring Program Registration Form | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | |  | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
| **STUDENT PICK-UP INFORMATION – CUSTODY RESTRAINTS** | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Name Phone | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Name | | |  | Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  |  | | | | | | |
|  | | |  | Secondary Emergency Contact | | | | | | |
| City, ST ZIP Code | | |  |  | | | | | | |
| Email: | | |  |  | | | | | | |
| Medical Information | | | | | | | | | | |
| ADD / ADHD - \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_\_ | | | | | | | | | | |
| Asthma \_\_\_\_ Takes Medication at home \_\_\_\_\_ Rescue Inhaler \_\_\_\_\_\_ Rescue Nebulizer \_\_\_\_\_\_  Allergy \_\_\_\_ Environmental \_\_\_\_ Food \_\_\_\_ Severe life-threatening \_\_\_\_\_ Takes Medication at home / School \_\_\_\_\_  Mental Health \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_ | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on to the College of Charleston with the Boys With A Purpose Organization. I release Boys With A Purpose and individuals from liability in case of an accident during activities related to the After School Program, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | |  |  | | | | |
| Witness Signature | | | | |  | Date | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Afterschool Mentoring Program Schedule – Tues. Wed. Thur. 3:00-6:00 pm | | | | | | | | | | | |
|  | | | |  |  | | | | |  |  |
|  | | | |  |  | | | | |  | |
| **Registration – 50.00** | | | |  |  | | | | | | |
| **Enrollment Agreement – For safety reasons we must know in advance if your child is expected to attend on any given day.** | | | |  | **PARENT / GUARDIAN CONSENT FOR PHOTOGRAPHY AND SOCIAL MEDIA/ PG MOVIES**.  I give my consent for the Boys With A Purpose Afterschool Mentoring Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials  I **do not** give my consent for the Boys With A Purpose Afterschool Mentoring Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials | | | | | | |
|  |  |  | |  |
| STATEMENT OF CHILD’S ABILITY TO PARTICIPATE | | | | | | | | | | | |
| I certify that to the best of my knowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health and is able to  participate in the Afterschool Program at the College of Charleston.  Parent / Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | |  |  | | | | | | |  | |  |  |  |
|  | | |  | | | |  | |  | | | |
|  | | | |  |  | | | | | | |
| **Pick-Up Policy** Please provide the names of individuals who are authorized to pick up your child. For the safety of your child, we will only release your child to the individuals listed below. If there are any changes, please inform us in writing.   1. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Parent/Guardian Consent for Photography and Media** ☐ I consent to the Boys With A Purpose Afterschool Program photographing my child and using images or stories for promotional purposes. ☐ I do not consent to the Boys With A Purpose Afterschool Program photographing my child or using images or stories for promotional purposes.  **Parent/Guardian Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | | | | | | |
| Discipline model for the Afterschool Mentoring Program | | | | | | | | | | | |
| When correcting a child’s behavior, the staff of Boys With A Purpose consent to always respect every child within the care of our program. The staff will ensure that all rules and expectations are known to every child prior to their participation in the program. Every child will be treated with dignity and respect by all staff. Staff members will restrict physical contact with all children except if the child is attempting to harm himself or others. Parents will be notified of all issues or behavior problems as soon as they occur. Corporal punishment is not allowed in our Afterschool Program. | | | | | | | | | | | |
| **FIGHTING – ZERO TOLERANCE POLICY** | | | | | | | | | | | |
| Fighting amongst students is not permitted in the Afterschool Mentoring Program. Students will be removed from the program for fighting, bullying and or inappropriate behavior towards students or staff. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I have read and choose to comply with the contents of the policies of the Afterschool Mentoring Program, including those pertaining to emergency transportation and medical consent, field trips, and discipline. | | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| Parent’s/Guardian’s Signature | | | | | |  | | Date | | | |
|  | | | | | | | | | | | |
| **For Staff Use only: Registration fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  | | **Cash \_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_** | | | |
|  | | | | | |  | |  | | | |
| **PROGRAM DIRECTOR:**  **KENNETH JOYNER: 443-989-8887** | | | | | |  | |  | | | |