



Dear Parent/Guardian,

Bright Futures invites your 5th grader to participate in our After School program.

At After School, high school and adult mentors join 5th graders for fun, inspiring programs featuring crafts, games, movement, meditation, informative speakers, character building, small group conversations and food. Events are held the 1st and 3rd Wednesdays from 3:45 until 5:30 at the Park County Library beginning in October. Students may ride the school bus to events. These events are FREE and we provide pizza, fruit, veggies, granola bars and juice.

To ensure that meaningful mentoring relationships can develop, enrollment is limited to twenty 5th grade students, with the following requirements:

- **Participants submit a completed registration form.**
- **Parents/Guardians and youth make After School attendance a priority for the school year.**
- **Parents/Guardians RSVP for every event by responding to texts from Bright Futures.**
- **Parents/Guardians arrange for youth pick up at 5:30pm.**
- **Participants are expected to be kind, respectful and cooperative.**

All mentors undergo a vetting process to participate in Bright Futures After School. We carefully evaluate prospective mentors to be certain your child is safely supported by positive role models. We provide mentor training and ongoing support.

Bright Futures is a nonprofit organization with a mission of developing a healthy, successful youth community by building mentoring relationships between positive role models and youth. Our goals focus on mentoring, teaching, developing self-worth and encouraging social connections.

To enroll, please complete the registration form and return it to your child's school counselor or to Diane Ballard, Bright Futures Program Director.

Thank you for considering After School for your child.

Sincerely,

Diane Ballard
Program Director

(307) 527-6688 • P.O. Box 265, Cody, WY 82414
brightfuturesmentoring@gmail.com • www.brightfuturesmentoring.com



1st and 3rd Wednesdays ▪ 3:45 - 5:30 ▪ Park County Library

October 4 & 18
November 1 & 15
December 6 & 20
January 3 & 17
February 7 & 21
March 6 & 20
April 3 & 17
May 1 & 15

Buses: Livingston – *Lizard Bus* ▪ Eastside and Sunset – *Squirrel Bus*

Family Expectations

- **Submit a completed registration form.**
- **Make After School attendance a priority for the school year.**
- **RSVP for every event by responding to texts from Bright Futures.**
- **Pick up youth at 5:30pm.**
- **Participants are expected to be kind, respectful and cooperative.**

Bright Futures Provides

- **A safe, welcoming space for youth to be themselves, make friends and connect with caring mentors.**
- **A positive environment with fun activities.**
- **Support for your child's health, well-being and success.**
- **Opportunities to learn new skills, grow in character and build self-worth.**
- **Free pizza, fruit, veggies, granola bars and juice.**

**Bright Futures ▪ 307-527-6688 ▪ brightfuturesmentoring@gmail.com
Diane Ballard, Program Director ▪ www.brightfuturesmentoring@gmail.com**



MENTEE REGISTRATION FORM

Return the completed form to your school counselor or to Bright Futures.

YOUTH INFORMATION		
First Name:	Last Name:	
Cellphone Number:	<input type="checkbox"/> don't have one	
Home Phone Number:	<input type="checkbox"/> don't have one	
Home Address:		
E-mail Address:	<input type="checkbox"/> don't have one	
School:	Teacher:	
Birthday (month/day/year):	Age:	Gender:
T-Shirt Size (circle one):	Adult – XS S M L XL XXL XXXL	
Do you have any allergies? No Yes --- What?:		
Do you have any dietary restrictions? No Yes --- What?:		
Do you have any circumstances or special needs we should know? No Yes --- please describe:		
Please describe why you would like to attend Bright Futures After School.		

PARENT/GUARDIAN INFORMATION (1) <i>Primary Contact</i>	
First Name: _____	Last Name: _____
Cellphone Number: _____	<input type="checkbox"/> don't have one
Home Phone Number: _____	<input type="checkbox"/> don't have one
Home Address: _____	<input type="checkbox"/> same as youth
E-mail Address: _____	<input type="checkbox"/> don't have one

PARENT/GUARDIAN INFORMATION (2) (if applicable)	
First Name: _____	Last Name: _____
Cellphone Number: _____	<input type="checkbox"/> don't have one
Home Phone Number: _____	<input type="checkbox"/> don't have one
Home Address: _____	<input type="checkbox"/> same as youth
E-mail Address: _____	<input type="checkbox"/> don't have one

If you DO NOT want your child to participate in Bright Futures After School, you must complete and sign below. (otherwise leave blank)

I _____ hereby **DO NOT** authorize my child
 _____ to participate in Bright Futures After School.

Parent / Guardian Signature: _____ Date: _____

If you DO NOT want Bright Futures using pictures of your child taken at After School events, you must complete and sign below. (otherwise leave blank)

I _____ hereby **DO NOT** authorize use of pictures of my child
 _____ taken at After School events.

Parent / Guardian Signature: _____ Date: _____

Waiver

In consideration of participation in Bright Futures After School, I waive any and all claims for myself and my heirs that I may have against Bright Futures Mentoring, its employees, contractors, sponsors, officials, and volunteers for any and all injury or illness which may directly or indirectly result from participation in this program.

Parent / Guardian Signature: _____ Date: _____