OFFICIAL DOCUMENT

Parent / Guardian Authorization Form

Power of Credit Institute NFP — Youth Enrollment Documents

Student Information

Student Full Name: _____

Date of Birth (DOB): _____

Program / Class: _____

Authorization & Acknowledgments

By signing below, I, the undersigned parent or legal guardian, hereby authorize my child to participate in **all programs, activities, and sessions** offered by the Power of Credit Institute NFP, including but not limited to financial literacy workshops, mentorship sessions, field trips, and community events.

I further acknowledge, agree, and confirm the following:

- **Safety Protocols:** I have read and understood POCI's safety and conduct protocols. I acknowledge that POCI staff are trained to maintain a safe environment and I agree to support these standards.
- **Contact Information:** I agree to keep my contact information current and accurate. I will promptly notify POCI of any changes to phone numbers, email addresses, or emergency contacts.
- **Timely Pick-Up:** I agree to pick up my child promptly at the end of each scheduled program session. I understand that late pick-ups must be communicated to POCI staff in advance.
- **Media Release *(optional):*** I authorize POCI to photograph or record my child for use in educational and promotional materials. *Initial here if agreeing:* _____

Parent / Guardian Printed Name:
_____
Relationship to Student: _____

Parent / Guardian Signature:
_____ **Date:**
_____