

## ATLANTA GLOW PARENTAL CONSENT FORM

Atlanta Growing Leadership Of Women, Inc. (GLOW) is a faith-based, 501(c)(3) nonprofit organization that serves underserved young women and girls, ages 14-25 in the metropolitan Atlanta area. Our mission is to encourage, educate and equip young, low-income women to be thriving, self-sustaining leaders and effective agents of economic growth within their communities. In doing so, our vision is to spark a growth in the number of women qualified to lead low-income communities to positive, long-lasting change.

To date, Atlanta GLOW has proudly served more than 700 youth and young adults across our programs which focus on: (1) Life Skills Training - We help young women build the competencies they need to achieve their long term goals and lead healthy, productive lives; (2) Leadership Development - We expose young women to amazing leaders and engage them in opportunities to make a difference in their communities; (3) Mentoring - We connect young women with professional women to serve as role models and advocates to youth in achieving their goals and making healthy decisions; and (4) Networking - We provide connections to community resources to help ensure young women have access to all available health, education, career and social services for which they are eligible.

Your child has requested or has been referred to participate in an Atlanta GLOW program. Your approval, support and enthusiasm will greatly increase your child's success in this program. If you have any program-specific questions, please email Atlanta GLOW at [atlantaglow@gmail.com](mailto:atlantaglow@gmail.com).

Child's Name: \_\_\_\_\_

Atlanta GLOW Program: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Comments (Allergies, Concerns, etc.): \_\_\_\_\_

### PARENTAL CONSENT

I give permission for my child to participate in the above stated Atlanta GLOW program. Further, I understand the Program Attendance Policy, and if accepted into the program, my child can commit to these requirements and will serve as an active participant. I understand that if my child misses the maximum number of program sessions that they may be removed from the program and/or forfeit part or all of the allotted program stipend. I also release to Atlanta GLOW the right to use my child's name, photograph, and other non-sensitive information transmitted during the course of their program involvement for the purposes of program outreach, recognition, and performance measurement.

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

\_\_\_\_\_  
Date