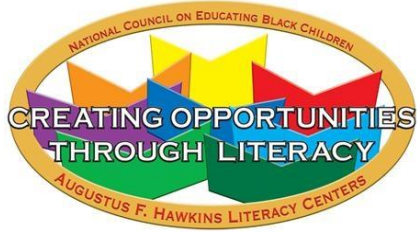


AUGUSTUS F. HAWKINS LITERACY CENTER



Classes are being held at the **Devington Community Development Center**
6004 E. 46th Street, Indianapolis, Indiana 46226 (Right next door to Arlington High School in the Devington Plaza)

I/We, _____,
Parent(s) / Guardian(s) (circle one) of _____,
agree to enroll my child(ren) in the **Augustus F. Hawkins Literacy Center Program**. I pledge to bring my child(ren) to Devington Community Development Corporation by 8:00 a.m., and pick my child(ren) up promptly when class concludes at 12:00 p.m. (NOON), or provide adequate transportation.

I understand the Program's Instructors are trained volunteers who will provide their best efforts to assist my child(ren) to improve in Reading/Language Arts and Computer Skills.

I agree to cooperate by responding to requests of the Unit Director for any information needed to ensure my child(ren) succeed, and for any other reason requiring my attention.

I understand that written consent is required for my child(ren) to be picked up by any person that is not listed on this application form.

Parent/Guardian: _____
Signature

_____/_____/_____
Date

Parent/Guardian: _____
Signature

_____/_____/_____
Date

Adults authorized to pick-up my child(ren):

****Identification will be checked****

1. NAME: Last: _____

First: _____

2. NAME: Last: _____

First: _____

3. NAME: Last: _____

First: _____