

PARENTAL CONSENT FORM

If your child is under eighteen (18) years of age, the Children's Online Privacy Protection Act (COPPA) requires The Broadway Mentors Program, Inc. to obtain parental consent before collecting personal information from your child. For your child to use our website and participate in our Online Educational Classes and Critique services, certain personally identifying information, including your child's first name, last name, gender, date of birth, address and email address must be provided to The Broadway Mentors Program, Inc. The Broadway Mentors Program will not be responsible for anyone outside of The Broadway Mentors Program who contacts a member for solicitation or any other reason. Profiles are strictly for The Broadway Mentors Program website to have students photos and bio's shown in the membership portion.

By signing and returning this form to joy@broadwaymentorsprogram.com, you consent to your child providing personally identifying information to The Broadway Mentors Program, Inc. Your child will not be able to access and/or participate in any of the Online Educational Classes and Critique services provided through our website unless with have a signed Parental Consent Form on file.

Child's full name: _____

Child's email address: _____

Child's date of birth (Month/Date/Year): _____

Your full name: _____

Relationship to child: _____

Your email address: _____

Your full mailing address: _____

I represent that the information provided above is true and accurate and is provided for the purpose of consenting to my child's submission of personal information to The Broadway Mentors Program, Inc.

I hereby consent to my child submitting personal information in order to use The Broadway Mentors Program, Inc. website and participate in their Online Educational Classes and Critique services.

I have read the Terms and Conditions for The Broadway Mentors Program, Inc. website and agree, for myself and on behalf of my minor child, to be bound by these Terms and Conditions.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

For any questions, please contact Joy at joy@broadwaymentorsprogram.com or (908) 458-5736.