

# Law Enforcement Explorer Enrollment Form

Please Print All Information Clearly

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone#:(     ) \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Sponsoring Agency: NYC Dept. Of Correction CMD/Post# 1035

Parent(s) Name \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

I heard about the Exploring Program through:

A Letter

A Teacher

A Flyer in School

Other (Please explain) \_\_\_\_\_



See Reverse Side

For more information about  
the Correction Explorers...

Contact:

Daphne Glover Robinson, Director  
Correction Explorers

NYCDOC

60 Hudson St., 6th Flr.

New York, N.Y. 10013

Tel. 1-212 266-1139

# Law Enforcement Explorer Release Form

Please Print All Information Clearly

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone#:(     ) \_\_\_\_\_

This release form and your signature permits the Correction Explorers to take photographs/videos of your child/children and use them only for the purposes of showing the activities of the Correction Explorers. These photos/videos are taken at various events, Parades, Community Service Events, Promotion Ceremonies, etc.

Date \_\_\_\_\_

Name (Parent/Guardian) \_\_\_\_\_

Signature \_\_\_\_\_



For more information about this release & the Correction Explorers...  
Contact: Daphne Glover Robinson  
Director, tel. 1-212 266-1139