SUMMER 2010 CLINIC –ENROLLMENT REQUEST* FORM
*Submitting application does not guarantee placement. See the Policies and Information Sheet for additional information.

Day and General Dates:
Session B: M-TH, 4 weeks, 95 minutes/day (4:30-6:05 p.m.), M June 14th - TH July 8th
(No tutoring on Monday, July 7th - National Holiday)

FEE: $150.00 (see Payment Information Form)

INFORMATION – CHILD

Full Name: (last) __________________________________ (first) _______________________

Address: (street) ______________________________________________________________

(city) __________________________________________ (zip) ________________

Date of Birth: ______/______/______  and/or Current Age: (years/months):_____/_______

month day year

Grade (in 2009-2010): ______ School Attended (in 2009-2010): ________________________

INFORMATION – PARENT(S)/GUARDIAN(S)

Full Name: (last) _____________________ (first) ___________ Relationship to child ______

Address: (street) ______________________________________________________________

(city) ________________________________________ (zip) ________________

Telephone (home) ______________ (cell) ____________ (work) ______________

E-mail address: ______________________________________________________________

ADDITIONAL INFORMATION

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Signature of Parent/Guardian: _______________________________________________

Date: ________________

Parents will be contacted to via telephone or e-mail (preferred) to confirm enrollment. Tutors will contact parents the week before tutoring begins. Spaces are limited.

12/21/09