

Student Enrollment Application

14TH ANNUAL SUMMER SCHOOL 2010

WWW.EQSQ.ORG

I. STUDENT INFORMATION

Name _____ Gender ___ Male ___ Female

Age _____ Date of Birth _____

Grade Level _____ School _____

Address _____

Home Phone # _____

II. PARENT INFORMATION

_____ [Name of father]

_____ [Name of mother]

Work Address _____

Phone # _____
[Cell Phone #]

_____ [Work Phone #]

Email Address _____

III. EMERGENCY CONTACT INFORMATION

Emergency Contact Names

1. _____

2. _____

Relationship to Student

1. _____

2. _____

Phone #

1. _____

2. _____

IV. AUTHORIZATION TO PICK-UP

Names of persons permitted to pick up your child from the summer school program:

1. _____

2. _____

Relationship to Student _____

Cell Phone _____ Home/Work Phone _____

V. HEALTH INFORMATION

Student's Health Insurance Company _____

Policy # _____

Physician's Contact Phone # _____

Please list any medical conditions your child may have. Include any medication taken.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the even of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said Youth Success Institute, the church, its directors, volunteers, employees and agents from any act of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

ENROLLMENT DATES & TUITION

Accepting Students from Kindergarten – Entering Grade 8

_____ Full Time (June 14 – August 6 / 8 Weeks) Tuition \$1,080.00

_____ Part Time (**Minimum of 6 Weeks Required**) Tuition \$ 810.00 (6 weeks)

From _____ to _____ Tuition \$ 945.00 (7 weeks)

PLEASE MAKE CHECKS PAYABLE TO **Youth Success Institute**

REGISTER BY MAIL: 645 TARAVAL STREET, SAN FRANCISCO, CA 94116
REGISTER IN PERSON: EVERY SUNDAY BETWEEN 10:00 AM – 2:00 PM AT
645 TARAVAL STREET/17TH AVENUE (SUNSET DISTRICT), SAN FRANCISCO

VI. PARENT/GUARDIAN SIGNATURE AND AUTHORIZATION

I, _____, (Print Parent's Name), have read and understand the above agreement.

Parent's Signature _____ Date _____

INFORMATION HOTLINE 415-681-3377