



# 2017-18 Program Enrollment Application

<b>Office Use Only</b>			
SSID #: _____	Date Rcv'd: _____	Start Date: _____	
Wait List: <input type="checkbox"/>	Group: _____	<input type="checkbox"/> Info Complete	<input type="checkbox"/> Data Entered

Student's <b>LEGAL</b> Name: Last Name	First Name	Middle Name	Grade (2017-18 School Year)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
School	District			Student ID# (Required)		
Teacher's Name (Elementary teacher or Middle School English)	(Middle School Math)	School Counselor (If applicable)	Has student attended a THINK Together Program before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?			
Student's Primary Residence Address			City	State	Zip	

Parent/Legal Guardian's Mailing Address <input type="checkbox"/> Check here if same as above	City	State	Zip
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Mother's/Legal Guardian's Last Name	First Name	Relationship (Legal Guardian Only)	Place of Employment	You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #	

Father's/Legal Guardian's Last Name	First Name	Relationship (Legal Guardian Only)	Place of Employment	You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Home Phone <input type="checkbox"/> Check if Primary #	Work Phone <input type="checkbox"/> Check if Primary #	Cell Phone <input type="checkbox"/> Check if Primary #	

**STUDENT RELEASE AUTHORIZATION (OTHER THAN PARENT/LEGAL GUARDIAN(S) LISTED ABOVE, MINIMUM 1 CONTACT REQUIRED)**  
 I understand that my child must be signed out of the program every day by an authorized adult (18 years or older with picture ID). In addition to the parent/legal guardian(s) listed above, I authorize the following additional person/s to pick up my child from the site including in the case of an emergency (attach additional page if more space required):

First and Last Name	Relationship	Primary Phone	Secondary Phone	Date Added	Date Removed
		( )	( )		
		( )	( )		
		( )	( )		
		( )	( )		
		( )	( )		

I understand that in case of emergency, a child may be released to law enforcement personnel if the parent/legal guardian or authorized emergency contact person(s) listed above cannot be reached. I also understand that I may authorize my child be dismissed early from program on both an occasional or recurring basis, including to attend an on-site program/activity not supervised by THINK Together. The activity may be administered by school district personnel and/or a third-party provider. I understand that when my child is dismissed early, a parent or other authorized person will be required to document the time and reason for the early release, and in cases of recurring early release, I will be required to complete THINK Together's Late Arrival/Early Release form.

Any person to whom your child may NOT BE LEGALLY RELEASED? Court-issued (custody/restraining) order must be on file, if applicable.

Name	Relationship
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**OTHER CHILDREN IN THE FAMILY** (For informational purposes only. A separate Enrollment Application is required for each child.)

First and Last Name	Relationship	Lives at Home	School	Grade 2017-18	Currently attending THINK Program
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Continue 