



19919 NE 107<sup>th</sup> Ave., Battle Ground, WA 98604 – Phone: 687-8382 – Fax: 687-8799

## SUMMER TUTORING ENROLLMENT FORM

Date \_\_\_\_\_ Grade student will enter \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUMMER CLASS /GRADE:**

**DATE:**

**TIME:**

**COST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### PERSON RESPONSIBLE FOR STUDENT TRANSPORTATION

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Alternate Person \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY INFORMATION

Responsible person to contact if parents cannot be reached: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the summer class. It is also my understanding that the policy of the school is to make no refunds on enrollment or registration fees.

I understand that summer classes will not include direct Bible instruction; however, teachers and students may pray and include biblical principles as part of classroom time.

I give my permission for my child to take part in all school activities, including playground and recreation on the school premises. I absolve the school of any liability, to me, or my child, because of injury, to my child, at the school or during any school activity.

I agree to drop off and pick up my child at the required times.

Parent/Guardian Signature \_\_\_\_\_