



T2T Summer Division Enrollment Forms

Today's Date: _____

1. Student Information:

First Name: _____ Last Name: _____

Gender: _____ D.O.B: _____ Grade: _____

Allergies: _____

Medical Conditions: _____

Names of siblings who will also attend the Summer Division Program:

2. Parent/Guardian/Student Information:

1. Parent/Guardian #1 Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Email: _____

2. Parent/Guardian #2 Information

First Name: _____ Last Name: _____

Relationship to Student: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Email: _____

3. Emergency Contact Information:

First Name: _____ Last Name: _____

Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Email: _____

Location & Grade Level Acknowledgement

I, the undersigned parent/guardian, understand that **Time 2 Tutor Summer Division** operates out of two distinct locations based on student grade levels. I acknowledge that my child, _____ (Student Name), currently in **Grade** _____, will be assigned to the location checked below:

- Time 2 Tutor: Cambria Heights** (*Kindergarten, 1st Grade, & 2nd Grade*)
Address: 224-14 Linden Boulevard, Queens, New York 11411, United States
- Time 2 Tutor: Queens Village** (*3rd Grade, 4th Grade, 5th Grade, & 6th Grade*)
Address: 87-87 Francis Lewis Blvd, Queens Village, NY 11427 United States

Consent to Photograph, Film, or Videotape a Student For Non-Profit Use (e.g. educational, public service, or health awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of _____ (Student Name), by **Timika's Tutorial Services Inc.**

I also grant the right to edit, use, and reuse said products for non-profit purposes, including print, the internet, and all other forms of media. I also hereby release **Timika's Tutorial Services Inc.** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

- Yes**, I consent to the terms above.
- No**, I do not consent to the terms above.

Final Authorization

By signing below, I confirm that I have read and agree to the location assignment for my child's grade level and have indicated my preference for media consent. I agree to provide or arrange transportation to the designated facility.

Parent/Legal Guardian/Signature: _____

Date: _____