



T2T After School Enrollment Forms

Today's Date: _____

1. Student Information:

First Name: _____ Last Name: _____

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

School: _____

Allergies: _____

Medical Conditions: _____

Names of siblings who will also attend the After School 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: _____



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3. Emergency Contact Information:

First Name: _____ Last Name: _____

Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Email: _____

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 use in print, on 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.

Parent/Legal Guardian/Signature: _____

Date: _____