



REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Date: _____
Scholar's Last Name: _____ Scholar's First Name: _____
DOB: _____ Gender: Female Male
Current School: _____ Grade: _____

PARENT / GUARDIAN INFORMATION Please type or print legibly.

Parent/ Guardian (1) Name: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____ (Preferred Contact Method): _____

Parent/ Guardian (2) Name: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Home: _____ Work: _____ Cell: _____

Email: _____ (Preferred Contact Method): _____

INSTRUCTIONAL SERVICE SCHEDULE

Select all that apply.

_____ SERVICE A. Instruction/ENRICHMENT/ TUTORING

NYS Common Core Instruction (Content & Skill Development)

English Language Arts (ELA) Instruction

Mathematics

Other (All test Prep, NYS Regents Review, Science, History, etc.)

Schedule: Days Mon. Tues. Wed. Thurs. Fri.

Times: _____

_____ SERVICE B. THUNDER BOOK CLUB (*Seasonal*)

_____ SERVICE C. Parent Support & Advocacy

PARENT / GUARDIAN SIGNATURES

Sign: _____

Print: _____

Date: _____