



TANC Summer Program -2017

Application Form

Date: _____

Student's Full Name (First, MI, Last): _____

Date of Birth: _____ Gender: Male Female

Home Address: _____

Name of your (Elementary or Middle or High) School: _____

Grade: _____

Father's Name: _____ Father's Cell #: _____

Mother's Name: _____ Mother's Cell#: _____

Emergency Contact (If different from the above) _____

Legal Guardian's Name & Contact # (if applicable): _____

Parent or Guardian Email: _____

Fee: (Check) or (Cash) enclosed: Yes (Please circle accordingly)

*W-1 () ; W-2 () ; W-3 () / ALL () * For fee waiver, please contact TANC School coordinator.*

Applicant's Signature: _____ Date: _____

Parent or Guidance's Signature: _____ Date: _____

[I, the undersigned acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the state law].
