

Tutoring Solutions of Atlanta

Summer Camp 2017

Student Information

Name: _____

Date of Birth: _____

Grade: _____

School: _____

Sex: M F

Summer Camp:

Computer Coding

Pre-Algebra

Algebra 1

Algebra 2

AP Calculus

AP Physics

College Essay

Dates of camp: _____

Note any special accommodations or needs including allergies:

Written permission and instructions from parents needed to dispense medications to a minor

Parent Signature

Date

Parent Information

Name: _____

Phone Number: _____

Email: _____

Address: _____

Emergency contact:

Name: _____

Phone: _____

Relationship: _____

Individual responsible for pickup from program (if not parent):

Name: _____

Phone: _____

Relationship: _____

Payment Information

Payment Type: _____

Check Number: _____

Please Read and Understand our Policies and Procedures at:
<http://tutoringsolutionsofatlanta.com/2017-summer-camps/>

I have read, understand, and agree to adhere to all of our Policies and Procedures

Parent Signature

Date

Student Signature

Date