

DARE TO DREAM YOUNG GIRLS NETWORK, INC.

ACADEMIC REGISTRATON FORM

Visit: www.daretodreamyounggirls.com to download a PDF form or to register online.

STUDENT INFORMATION

Students Name: _____

Student's Birth Date: ____/____/____ - Student's Grade: (2020 - 2021) _____ - School: _____

Student's Food Restrictions: _____/_____/_____

Student's Known Medical Concerns: _____

Students Physician (Doctor's Name: _____ Phone: (____) _____)

Parent or Guardian's Name: _____

Address:: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

How did you hear about our educational programming? _____

EMERGENCY CONTACT:

2ND Parent: or Guardians Name: _____ Phone Contact: (____) _____

Alternate Pick-up Name: _____ Phone Contact:(____) _____

Alternate Pick-up Name: _____ Phone Contact:(____) _____

PERMISSION * AUTHORIZATION * PAYMENT

PERMISSION RELEASE STATEMENT:

I have read the full description of this education program and find its content acceptable to my child's enrollment. In addition, my child has permission to participate in the local fieldtrips when available. I strongly support and accept the educational benefits of Dare to Dream Young Girl's planned programming for my child, and acknowledge that it offers the academic and enrichment opportunities that fit the needs of my child. I hereby covenant with Dare to Dream Young Girls Network, Inc. that I will never sue or bring any legal action or proceedings against this nonprofit agency, the owner (s), or employees. This includes any real property visited, and the drivers of the transporting vehicles off-site from the physical property of the program, that is for any amount in excess of their automobile insurance coverage for or an account of any injury or damage sustained by virtue of or arising out of the field trips. My child would be protected through the driver's regular liability coverage to its limitations only.

INITIAL

____ I authorize Dare to Dream Young Girls to arrange any necessary emergency treatment in the event that I cannot be reached.

____ I authorize Dare to Dream Young Girls to photograph and videotape my child and o utilize these images for promotional purposes.

Disclaimer: Dare to Dream Young Girls Network does not consider itself to be nor hold itself as a dependent care center for the purposes of the Internal Revenue Code.

____ Due to **COVID-19** policies, I confirm that my daughter does not have Corona Virus, and agree to being tested if any systems may occur while enrolled in Dare to Dream Young Girls. I'll immediately pick up my child if she becomes ill.

Parent or Guardian Signature:

Date: ____/____/____

Make Your Enrollment Selections Here:

REGISTRATION: \$ _____

(9) Academic Weeks: Day Program /or /Afterschool

Week #1 - _____	\$ _____
Week #2 - _____	\$ _____
Week #3 - _____	\$ _____
Week #4 - _____	\$ _____
Week #5 - _____	\$ _____
Week #6 - _____	\$ _____
Week #7 - _____	\$ _____
Week #8 - _____	\$ _____
Week #9 - _____	\$ _____

TOTAL INITIAL PAYMENT: \$ _____

Mail completed application form to:

Dare to Dream Young Girls Network, Inc.

Post Office Box 14652

Tallahassee, Florida 32317

Phone:850-847-3875 / Www.daretodreamyounggirls.com

OFFICE USE ONLY: Date Received: ____/____/____

Registration:\$ _____

Camp Week (s) # _____ / Amount:\$ _____

