

Program Registration form

A Division of Intelligent Young Minds

Email: iymtulsa@yahoo.com

(918) 398-8192, (918) 284-6631 fax (918) 398-0173
5251 East Newton St, Tulsa, OK 74115

1). Student's information: **SSAN** -

Place of Birth -

First Name	Last Name	Age	Birthday(M/D/Y)	Sex	Home Phone
			/ /		() -
Home address:					
Previous School:					

2). Parent/Guardian 1 contact information:

Living with student? Y N

First Name	Last Name	Work Phone	Cell Phone
		() -	() -
Email (neatly print please):			

3). Parent/Guardian 2 contact information:

Living with student? Y N

First Name	Last Name	Work Phone	Cell Phone
		() -	() -
Email (neatly print please):			

4). Educational History:

Academic interests _____

Career interests _____

Has the student had previous experience as an independent learner? Y N

Activities: Excelerate TeensInOffice Showoffs WOW KE/Simukai DWD

Other _____

5). My child's medical information is as follows:

Allergies: _____

Medical conditions: _____

Medications: _____

6). Please read the following waiver before you sign:

In case of medical emergency when I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the adult in charge to secure proper treatment or to hospitalize. I further agree that I will not hold Excelerate! and Brother To Brother, Inc., its officers, directors, and instructors responsible for any accident or injury arising out of my child's participation in its program(s). I understand that Excelerate! may take pictures of its students during program activities. I hereby give my permission for Excelerate! to use the pictures of my child for program exhibition or news release at a later date. I hereby authorize my child's participation in the above activities of Excelerate! and authorize all former schools to release academic records to Excelerate! staff.

Signature of Student's Parent or Legal Guardian: _____ Date: _____

Mentor _____ Participant# _____ Fee _____