

**A Chance To Grow
Summer Boost Up Plus
Enrollment Form**

Child's Name: _____ DOB: _____
Grade in School (07-08 yr): _____ School: _____

Parent's Guardian(s):
Name: _____
Phone (best daytime): _____ Email: _____

Name: _____
Phone (best daytime): _____ Email: _____

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Please indicate which session(s) you are enrolling your child in:

_____ Session One • June 16th – July 3rd, 2008

_____ Session Two • July 28th – August 15th, 2008

_____ Both Sessions

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Special Considerations: Please indicate any information the staff needs to be aware of regarding your child:

_____ Allergies? _____
_____ Medications? _____
_____ Diet considerations? _____
_____ Other: _____

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How did you hear about Summer Boost Up/ACTG?

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For Office Use Only:

Total Amount Due: \$ _____ Amount Pd at Time of Enrollment: \$ _____

Forms Checklist:

_____ EEG/AVE Consent Form	_____ Enrollment Form
_____ Vision Therapy Consent	_____ Emergency Contacts
_____ Photo Release	_____ Health History Form

*** Please mail all completed paperwork to:

A Chance To Grow
Attn: Julie Neumann, Summer Boost Up Coordinator
1800 2nd Street NE
Minneapolis, MN 55418