



Enrichment Program Academic Partners Application

Name: _____ Date: _____
 Address _____ City: _____
 State: _____ Zip: _____ Grade: _____
 Name of Teacher: _____
 Parent/Guardian: _____ Phone: _____

List Names and Numbers of Individuals who can be contacted in case of emergency and/or pick-up.

List Food Allergies and/or Medical Concerns.

I Need Help With: (Circle All That Apply)

Math
 ELA/Reading
 Science
 Other: _____

Dismissal Plan (Circle one)

Will be picked up by parent/guardian
 Walker
 Stay At GYC
 Other: _____

 Signature of Student

Date _____

 Signature of Parent/ Guardian

Date _____