



OUT OF THE BOX SOLUTIONS/SPORTS
2012 Summer Program
at Tallahassee Community College
(Pre-K thru Middle School)
(Registration Form)



OUT OF THE BOX Solutions announces the 2012 Summer Programs at the TCC. Allow your child to experience a fun-filled academic, arts and sports program!

Includes Art, Technology, Spanish, Karate, Writing, Sports Instruction, Music, Dance, Spanish, and Youth Debate
PROGRAM DATES: June 11-August 10, 2012. CLOSED July 4th

SELECT PROGRAM

- ____ FULL TIME PROGRAM (K-8)—Includes coverage 8:00am to 5:00p Mon-Fri. (\$350/month)*
 - ____ FULL TIME PROGRAM (PRE-K)--Includes coverage 8:00am to 5:00p Mon-Fri. (\$375/month)*
 - ____ PART-TIME PROGRAM (K-8)—Includes coverage 12:30p to 5:00pm Mon-Fri. (\$250/month)*
- *Students must be picked up by 5:30pm.

Fill out the information listed below. (Please print clearly).

Name of Participant: _____
Date of Birth: _____ Age: _____ Grade: _____
Current School: _____
Parent/Legal Guardian Name: _____
Address: _____
Home Phone: _____ Work: _____ Cell: _____
E-mail address: _____

MY CHILD NEEDS TRANSPORTATION FROM 21st CENTURY PROGRAM AT A SCHOOL ___ Yes ___ No
If yes, please specify school where pick-up is needed: _____

WE ARE AN EARLY LEARNING COALITION PROVIDER!!!!

Are you receiving services from the Early Learning Coalition (Please check): YES ___ NO ___
Are there any special accommodations that must be made for the child (Please explain):

Additional Contacts: Name and address for adults that are authorize to pick-up the participant or needed to be notified in case of an emergency.

1. Name: _____
Address: _____
Home Phone: _____ Work: _____ Cell: _____
2. Name: _____
Address: _____
Home Phone: _____ Work: _____ Cell: _____

Medical History (Please list below any allergies and/ or medical conditions)

In case of any emergency and the inability to reach parent a guardian or emergency contact, I authorize the staff of OUT OF THE BOX SOLUTIONS/SPORTS to take necessary measures to ensure the safety of my child. This includes child's physician _____, or 911 in case of a serious emergency.
(P Physician Name & Phone #)

Parent/Guardian Signature _____
Date

******Make checks payable to Out of the Box Solutions or OTBS.** Program rules and waiver forms provided once the student is fully registered. **Contact Marion Jones, 850-980-2141 for questions.**
INTENT FORMS ARE DUE BY JUNE 4th FAX FORMS TO (850) 391-9179 or mail to OTBS, PO Box 10572, Tallahassee, FL 32302