



## BOOST Registration Form

**SCHOOL /SITE NAME:** Teach "O" Rea Preparatory Preschool

**PROGRAM PERIOD:** School Year / Summer Session (circle one)

**CHILD INFORMATION** (Please print name as it appears on the birth certificate.)

LAST NAME:

FIRST NAME:

MIDDLE NAME: NAME SUFFIX: (Jr, Sr, II, III,)

NAME CHILD IS CALLED:

SOCIAL SECURITY#: D.O.B. (MM/DD/YY): SEX: [ ] M [ ] F

HOME ADDRESS: COUNTY:

CITY: STATE: GA ZIP: HOME PHONE: ( )

Public/Charter School your child attend: \_\_\_\_\_

Check Services that your family need:

- Do you need tuition assistance? YES / NO
- Tutoring: Preferred Days (Monday / Tuesday / Wednesday / Thursday / Friday / Saturday)  
Preferred Time: \_\_\_\_\_
- Areas of Need: Reading / Math / Social Studies/ Science
- Child Email Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

MOTHER'S LAST NAME: FIRST: MIDDLE INITIAL:

EMAIL ADDRESS:

HOME ADDRESS (If different from child):

CITY: STATE: ZIP CODE:

HOME PHONE: ( ) CELL PHONE: ( )

PLACE OF EMPLOYMENT: WORK PHONE: ( )

STATE: ZIP CODE:

FATHER'S LAST NAME: FIRST: MIDDLE INITIAL:

HOME ADDRESS (If different from child):

CITY: STATE: ZIP CODE:

HOME PHONE: ( ) DAY TIME PHONE: ( )

PLACE OF EMPLOYMENT: WORK PHONE: ( )

**GENERAL RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to the BOOST Grant, the Department of Education, and/or colleges/universities.

SIGNATURE (Parent/Guardian): \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the BOOST Grant specified below, the Georgia Department of Education and colleges/universities, to record the participation and appearance of my child, \_\_\_\_\_, by photograph and/or videotape in connection with daily BOOST Grant activities for the purposes of news releases, reporting, and assessing the progress of children and the program. BOOST Grant and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that BOOST Grant deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for BOOST Grant and/or on GSCAN's website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the BOOST Grant provider, and other entities contracted by the GSCAN provider from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

BOOST Grant PROVIDER: Teach "O" Rea Preparatory Preschool

SIGNATURE (Parent/Guardian): \_\_\_\_\_

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