**Sunu Thiossane Saturday Program**

**2019-2020 Registration Form (program starts October 5th- every Saturday school is in session)**

**Student information**

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Grade:** | **Will you require bus transportation?:** **Yes No** |
| **Birthday:** **Gender: M F** | **Enko School:****Campus Waca Campus Keur Gorgui** |

 **Program Options (CIRCLE ONE)**

**ENTIRE PROGRAM (40,000 cfa monthly)**

**ACADEMIC ENRICHMENT(20,000 cfa monthly)**

 **ARTS AND SPORTS (20,000 cfa monthly)**

**9H-11H at ENKO WACA CAMPUS (US Embassy)**

**ACADEMIC ENRICHMENT- First Part- 9h- 11h. (Circle up to 2 )**

**Classes oﬀered:** English - Tutoring ( Homework: Math & English) - Coding

**11H-1Hat ENKO WACA CAMPUS (US Embassy)**

**ARTS AND SPORTS - Second Part- 11h-13h. (Circle up to 2)**

**Classes oﬀered:**

**Theater - Dance-Hip hop/ Afro Beat - Ballet/ Modern - Step - Visual Arts**

**SPORTS - Second Part - (Circle 11H-12H or 12H-13H)**

**Class offered: Basketball ( 11H-12 H) or (12 H-13H)**

**Family Information**

**Parent/Guardian 1 Parent/Guardian 2**

|  |  |  |
| --- | --- | --- |
| **Last Name:**  | **Last Name:**  | **Address** |
| **First Name** | **First Name:** |  |
| **Home Phone:** | **Home Phone:** |  |
| **Work Phone:** | **Work Phone:** |  |
| **Email Address:** | **Email Address:** |  |

**Emergency Contact Information**

**The emergency contacts will be notified if the parent/guardians listed above cannot be reached.**

|  |  |
| --- | --- |
| **Primary Emergency Contact** | **Secondary Emergency Contact** |
| **Full Name:** | **Full Name:** |
| **Relationship: Work Phone:** | **Relationship: Work Phone:** |
| **Home Phone: Cell Phone:** | **Home Phone: Cell Phone:** |

**Release Statements**

**By initialing below, you acknowledge that you have read and agreed to each item.**

|  |  |
| --- | --- |
| **Photo Release:****I understand that photos and/or video may be taken during program for use in Sunu Thiossane After-School Program at Enko Waca.**  | **Initials** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: ( )**

**Medical Information**

**Does your child have any allergies? Y N**

 **If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any medical conditions we should be aware of? Y N**

**If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other information about your child that staff could benefit from knowing to better serve your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By initialing below, you acknowledge that you have read and agreed to each item.**

|  |  |
| --- | --- |
| **Travel:****I give my permission for my child(ren) to attend field trip Destinations which correlate to the program itineraries.** | **Initials** |
| **Photo Release:****I understand that photos and/or video may be taken during program for use in Sunu Thiossane Saturday Program** | **Initials** |

**2019-2020 Saturday Program Registration**

**Total Cost: 40,000 CFA Monthly (or program selected above)**

**Transportation: 5,000 CFA Monthly**

**Registration fee: 15,000 CFA**

**CONTACT INFORMATION: Mame Djarra DIOP 77 261 33 09 (Phone/WhatsApp)**

**\*BY SUBMITTING THIS FORM YOU REALIZE THAT SUNU THIOSSANE YOUTH DEVELOPMENT WILL BE SOLELY RESPONSIBLE FOR THE SAFETY AND WELL BEING OF EVERY STUDENT PARTICIPATING IN THE SATURDAY PROGRAM.**

**PARENT SIGNATURE: DATE:**

*Make Checks Payable to Sunu Thiossane*