



Challenging young minds through technology

Application Check List

- Have you completed and enclosed the application form?
- Have you completed and enclosed the Emergency Information?
- Did you enclose a deposit of \$100?

Mail the both application and the Emergency Information with a deposit to

Xperience!
1830 Sutter Street, 2nd Floor
San Francisco, CA 94115

*If you have any questions, please feel free to contact us at info@xperience-ed.com
Or call (415) 563-5801.*



For School Year: _____

Complete and mail this application with a deposit to:

Xperience!
1830 Sutter Street, 2nd Floor
San Francisco, CA 94115

Xperience! Technology AfterSchool Program Application

Student's Name: _____
First Middle Last

Address: _____ City _____ Zip _____

Date of Birth: _____ Gender: M / F

School: _____ Grade (as of Sept): _____

Number of days you are enrolling your child to the program (please circle one) 3 days / 4 days / 5 days

Days your child will be attending the program (please check) Mon ___ Tue ___ Wed ___ Thur ___ Fri ___

Does your child take any regular medication? Yes ___ No ___ If Yes, what? _____

Does your child have any allergies? Yes ___ No ___ If Yes what? (please indicate any food allergies as well)

Parent/Guardian Information

Name : _____ Name : _____

Occupation: _____ Occupation: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Parent Permission Statement

1. It is the responsibility of every individual's parents or legal guardian to provide for his or her own accident and health coverage while participating in all Xperience! activities.
2. I grant permission for the above named minor to participate in all Xperience! activities, surveys conducted for grant purposes.
3. My child has permission to participate in field trips as a part of the program.
4. Xperience! has permission to use photos/videograph of the above named minor for Xperience! recruiting, promotional purpose, and Xperience! publications unless otherwise indicated in writing.

Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

For School Year: _____



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EMERGENCY CONTACT INFORMATION

STUDENT INFORMATION

Name of Participant: _____

Address _____ City _____ Zip Code _____

Birth date _____ Age _____ School _____ Grade (as Sept.) _____

INFORMATION ABOUT THE FAMILY

Parent/Guardian's name _____ Home phone _____ Pager/Cell _____

Address _____ City _____ Zip Code _____

Email address _____

Employer _____ Work phone _____

Employer's address _____

Parent/Guardian's name _____ Home phone _____ Pager/Cell _____

Address _____ City _____ Zip Code _____

Email address _____

Employer _____ Work phone _____

Employer's address _____

EMERGENCY INFORMATION

Name of child's doctor _____ Phone _____

Address _____

Name of child's dentist _____ Phone _____

Address _____

Hospital preference _____ Phone _____

Insurance company _____ Insurance policy # _____

Medical condition _____

Any medication required _____

For School Year: _____

EMERGENCY CONTACT/AUTHORIZED PERSON(S) TO PICK-UP CHILD

Please list authorized person to pick up your child besides parents/guardians listed above

1. Name _____ Relationship _____

Home phone _____ Work phone _____

2. Name _____ Relationship _____

Home phone _____ Work phone _____

3. Name _____ Relationship _____

Home phone _____ Work phone _____

Parent/Guardian Name

Signature

Date