



**Academic Enrichment Program
Registration Form**

| Student Information | | |
|----------------------|-------------------------------|------------|
| Name | Social Security Number | |
| Address | City, State | Zip |
| Phone | Email | |
| Current Grade | Current School | |

| Parent/Guardian Information | | |
|---------------------------------|----------------------------|------------|
| Name | Relation to Student | |
| Address | City, State | Zip |
| Phone (home) (alternate) | Email | |

| Payment Method | Select One (\$1200 per student) |
|-----------------------|--|
| Online | |
| Money Order | |

Make Money Order payable to MTA

| Program Selection | Select One |
|--|-------------------|
| Summer Session July 13, 2009- July 31, 2009 | |

| Emergency Contact Information | | |
|-------------------------------|----------------------------|------------|
| Name | Relation to Student | |
| Address | City, State | Zip |
| Phone | Email | |

Complete one application per student. Submit this form with payment.