projectSTEP

2012 *FOCUS* PROGRAM APPLICATION

_____ _____ _____
Last Name First Name Middle

☐ Black/African American
☐ Latino
☐ Native American

_____ _____ _____
Gender Age Date of Birth

_____
Street City ZIP

_____
Parent(s) or Guardian(s) Names

_____
Home Telephone Cell/Work Telephone E-mail

_____ _____ _____
School Town Grade

FOCUS classes meet **once a week** on Thursday or Saturday afternoons. Please mark which section your child is available for:

☐ Wednesday afternoons only (4pm-5pm, or 5pm-6pm) *times to be confirmed

☐ Saturday afternoons only (3pm-4pm, or 4pm-5pm) *times to be confirmed

☐ My child is available either Wednesday or Saturday afternoons

Parent's Statement of Commitment:
I would like my child, _____ to apply to the *FOCUS* program. I have read and understand the *FOCUS* program description. I also understand that if accepted, I am committed to bringing my child regularly to classes and to keep the *FOCUS* program updated with any changes in the above information.

_____ _____
Parent/Guardian Signature **Date**

Please mail/fax this form along with the <u>$35 registration fee</u> (check/money order payable to Project STEP) <u>before December 30, 2011</u> to the address below. Acceptance notifications will be emailed by January 9th, 2012.

Project STEP
Symphony Hall
301 Massachusetts Avenue
Boston, MA 02115

Or by fax: 617-536-3676