2017-2018 Interest Form

All programs are offered year-round at no cost to families.

Note: Admissions are on a rolling basis and this form does not guarantee enrollment. If your desired program is full, your child will be placed on a waitlist.

*The items marked with an asterisk (*) are the only items required.

### SCHOLAR’S INFORMATION

Name

*First _______________________________ Middle _______________________________

*Last _______________________________

*Address ________________________________________________________________

*City ______________________ State _______ Zip ________________

*I identify primarily as M / F

*Date of birth (MM/DD/YY) _____ / _____ / _____

*Current school (2017-2018) _______________________________

*Grade in 2017-2018 school year _______________________________

*Has your scholar previously attended EHTP?

Yes (If so, when? _______________________________)

No

*Does your scholar have a sibling in the program?

☐ Yes

☐ No

*Main language spoken at home:

English

Spanish

Other: _______________________________

### PARENT/GUARDIAN INFORMATION 1

Name

*First _______________________________ Middle _______________________________

*Last __________________________________________

*Relationship to scholar _______________________________

*Primary Phone (_____) _____-________

   Phone Type: ☐ Work

   ☐ Cell

   ☐ Home

Email (if available) _______________________________

### PARENT/GUARDIAN INFORMATION 2

Name

First _______________________________ Middle _______________________________

Last __________________________________________

Relationship to scholar _______________________________

Primary Phone (_____) _____-________

   Phone Type: ☐ Work

   ☐ Cell

   ☐ Home

Email (if available) _______________________________

How did you hear about EHTP?

☐ Family/Friend  ☐ School  ☐ Flyer  ☐ Website  ☐ Other

By signing below, you certify that the information that you have provided herein is true to the best of your knowledge.

* Parent/Guardian Signature: _______________________________  Date: _____ / _____ / _____

Return completed interest form to:
East Harlem Tutorial Program, 2035 Second Ave, New York, NY 10029
Call (212) 831-0650 with questions. Apply online at www.ehtp.org.
NOTA: Admisiones son de forma continua y este formulario no garantiza la inscripción automática de su hijo(a).
Si su programa deseado está lleno, su hijo(a) será colocado en una lista de espera.

* Usted debe llenar todas las casillas que tienen un asterisco (*).