

The Family Learning Center's



Summer Middle and High School Fit Bit Fitness and Personal Development Internship Program

APPLICATION

Application deadline is: **July 10, 2020**

Registration fee: **\$50.00**

Program Dates/Times:

**Dates: July 13th to August 14, 2020 Hours: Monday – Thursday,
TBA- one-on-one and virtual meeting
Scholarships are available**

**If you need an application for our high school summer school classes contact:
blyle@flcboulder.org or Brenda Lyle 303-442-8979 ext. 111**

How to Apply:

1. Complete the application (type or print clearly), waiver and parent forms.
2. Parent or guardian SIGNS the waiver, parent permission and agreement forms.
3. Please return the signed waiver, parent permission and agreement forms with the application.*
4. Return application and forms to: **The Family Learning Center,
3164 34th Street, Boulder, Colorado 80301**
5. **Applications must be received by July 10, 2020**

Our Summer Program:

1. Each student who completes the entire five week program earns a \$150.00 paid internship stipend
2. Physical fitness and team building programs
3. Personal Development

* - Please note a completed application does **NOT** automatically secure a slot for students in the 2020 Summer Middle and High School Fit Bit and Personal Development Youth Development Program . Selected applicants will be contacted by May 20, 2019. Return completed applications to FLC/Brenda Lyle at 3164 34th Street, Boulder, Co 80301

Student Information

Today's Date: _____

Name (Last, First): _____ Sex: _____ Age: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Birth date: ____/____/____ Grade level in fall 2018: _____ Current GPA: _____

School (name, city): _____

Parent information:

Father name: _____

Mother name: _____

Address: _____

Phone number: _____

Siblings name and ages:

Do you complete the entire Session(s) , if you are accepted? No _____ Yes _____

If not, what dates would you have to miss? _____

Parent/Guardian Information

Name (Last, First): _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone #: _____ Email address: _____

Cell Phone (Mother/Guardian): _____

Cell Phone (Father/Guardian): _____

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**2020 “Ignite Your Potential” ~ Middle and High School Students
Summer Fit Bit and Personal Youth Development Program / Internship Program**

PARENT PERMISSION & AGREEMENT FORM

Please PRINT your child's name below:

Last Name: _____ First Name: _____

PARENT Name (Last, First): _____

COSTS & TERMS for the Family Learning Center 2015 Summer Middle and High School Program:

1. I agree to the payment schedule, refund policy, and other terms listed in the brochure and/or website. Initial here: _____
- OR**
2. I/we will need a scholarship. Initial here: _____

By my signature below, I confirm the following statements:

- I give permission for my child (named above), to participate in this summer program.
- I agree to the terms listed above.
- I understand that my child should demonstrate a positive attitude, discipline, a commitment to complete the entire six-week program, and a commitment to follow all program rules and regulations. I understand that parental commitment and involvement is a mandatory requirement for any student who is accepted into the program.

Facsimile signatures shall be deemed originals for purposes of this Agreement.

(Signature of parent or guardian)

(Date)