



*"Choices today, results tomorrow!"*

## REGISTRATION

SESSION:                                  Summer                                  School Year

<b>PARTICIPANT NAME</b>	PARENT(S)/GUARDIAN NAME <i>(who child lives with)</i>
<b>PARTICIPANT DATE OF BIRTH</b>	STREET ADDRESS <i>(where child is living)</i>
<b>SCHOOL</b>	CITY, STATE & ZIP
<b>SCHOOL CITY AND STATE</b>	PARENT EMAIL ADDRESS
<b>CHILD'S CELL PHONE</b>	PARENT CELL TELEPHONE
<b>GRADE</b> <b>AGE</b>	PARENT WORK TELEPHONE
<b>SUBJECT GPA</b> <b>OVERALL GPA</b>	<b>CHILD'S SOCIAL SECURITY OR MARSS #</b>

*Please provide documentation of GPA if child is in 7<sup>th</sup> grade or higher*

The collection of the following information is part of a good faith effort to comply with funding regulations. Please indicate which is most accurate for the student: \_\_\_ African American, \_\_\_ American Indian, \_\_\_ Asian Pacific Islander, \_\_\_ Hispanic/Latino, \_\_\_ Caucasian, \_\_\_ Multi-racial (specify) \_\_\_\_\_, \_\_\_ Other \_\_\_\_\_ (specify).

**MEDIA RELEASE:** I hereby give permission to D.I.V.I.N.E. Institute to use and reuse photos, video footage, news footage and other media information of myself, my son, and/or my daughter. \_\_\_\_\_

\_\_\_\_\_ Parent or Guardian/Adult

*(Signature)*

**If you are applying for a scholarship from the Minnesota Office of Higher Education YOU MUST provide documentation of free and reduced lunch in addition to the GPA of your child. These items must accompany the application. Scholarships are awarded on "first come, first serve" until all monies are disseminated.**

**Does your child receive free or reduced lunch at school?**      Yes                  No      **Documentation of eligibility is MANDATORY!!!**  
Please email to [info@divineinstitute.org](mailto:info@divineinstitute.org)

**Circle tee-shirt size:**      Small                                  Medium                                  Large                                  X-Large                                  2X

**How would you rate your child's behavior?**      1      2      3      4      5      *(5 = excellent)*

**If under 18 years old, list any medications you take:** \_\_\_\_\_

Signer understands, accepts and agrees to the registration and complete financial responsibility for all charges and fees incurred.



\_\_\_\_\_  
*Parent or guardian signature*

\_\_\_\_\_  
*Date*