

Young IT Educators Corp.  
1655 N Mayfair Rd. #26261  
Milwaukee WI 53226-0261  
414-467-2695  
Youngiteducators2018@gmail.com  
[www.youngiteducators.com](http://www.youngiteducators.com)

## REGISTRATION FORM

Please complete one form for each child to be registered

### Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information

#### (#1 Required)

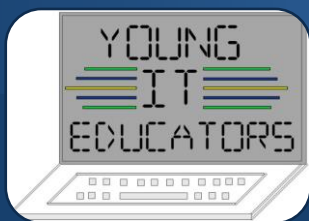
Full Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### (#2 Optional)

Full Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### (#3 Optional)

Full Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



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### **Student Information**

Student Full Name: \_\_\_\_\_

(First name for badge): \_\_\_\_\_

Gender: Male  Female  Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Current School Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Mailing Address (if different from parent/guardian): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **Payment Information**

You may use the following mode of payments and enclose with this application form.

- 1) Check payable to "Young IT Educators Corp."
- 2) Money Order payable to "Young IT Educators Corp."
- 3) Cashier Check payable to "Young IT Educators Corp."

Program Cost:

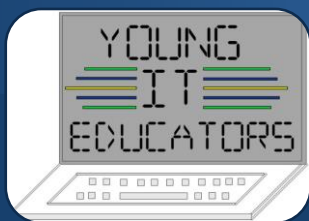
- 1) Program cost per semester ..... \$300

### **Scholarship Information**

You may apply for scholarship to fund your child's program cost. Please complete the scholarship form and submit with application form. I understand that if my child should withdraw from the program, I would be required to pay the full scholarship amount for that semester.

Would you want your child to receive a scholarship to attend all Young IT Educators programs? Yes  No

If you answered yes please complete the scholarship form and submit with this application.



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### Meal Agreement

Would you want your child to receive FREE meal? Yes  No

If you answered yes above continue to allergies information, otherwise skip to Computer Use Agreement.

### Allergies Information

Please list any life-threatening allergies: \*\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medication that will be administered by Young IT Educators Staff: \*\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Notes (non-life threatening allergies, special meal needs e.t.c): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

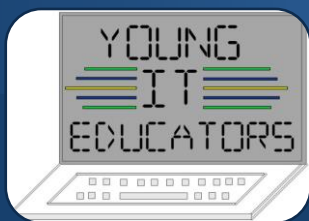
\*\*If your child has any life-threatening allergies or medication administration needs, please complete the appropriate forms and email or submit them in person to Young IT Educators upon registration. Any student who may require treatment for allergies or asthma or who may need medication administered during a program Must have an approved Medical Care Plan on file. Signed forms must be submitted to Young IT Educators immediately upon registration and no later than 20 business days prior to your child's program start date. Failure to submit these documents within the specified timeframe may result in your child registration being cancelled.

### Parent/Guardian Computer Use Agreement

Young IT Educators provides a computer resources to its students for the purpose of training and projects. As a user of the computers, your child(ren) are expected to review and understand the Acceptable Use Procedures.

They are expected to:

1. Respect the property and be responsible in the use of the computers. Do not destroy, modify or abuse the hardware or software in any way.



2. Do not delete or add software to the computers without permission.
3. Do not use computers for illegal, harassing, vandalizing, inappropriate or indecent purposes.
4. Do not use the Internet to access or process pornographic or otherwise inappropriate material in concert with the Young IT Educators Policy. Notify an adult whenever coming across information or messages that seem inappropriate.
5. Be ethical and courteous. Do not send hate, harassing or obscene mail, discriminatory remarks, or demonstrate other antisocial behaviors.
6. Computers may not be used to interfere or disrupt other users, services or equipment, including distribution of unsolicited advertising (Spam), propagation of viruses and distribution of large quantities of information (chain letters, network games or broadcasting messages).
7. Do not assume that because something is on the Internet that you can copy it. Respect copyrights.
8. Do not give out any personal information over the Internet.
9. Students are expected to respect the instructors and fellow students and refrain from any disruptive behavior. Violation of any of the above conditions of use may be cause for disciplinary action. Violations may constitute cause for revocation of access privileges,

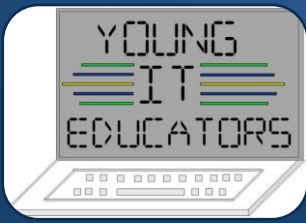
Signature (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Parent/Guardian): \_\_\_\_\_

### **Parent/Guardian Liability Agreement**

PLEASE READ CAREFULLY BEFORE SIGNING AND AGREEING TO TERMS. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS. LIABILITY RELEASE FOR ALL YOUNG IT EDUCATORS PROGRAMS:

I understand that, while Young IT Educators is committed to thorough supervision of all activities, there are inherent risks in attendance at training classes and laboratory. I understand and assume all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of Participant student's participation in a Young IT Educators programs. I hereby release and discharge, indemnify and hold harmless The Regents of Young Information Technology (IT) Educators Corp. a body corporate, and its member officers, agents, employees and any other



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persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from participation in Young IT Educators program. I authorize, in a medical emergency, after reasonable effort has been made to notify me, that Young IT Educators staff may seek emergency assistance and medical treatment for Participant student at the parent/guardian's expense. I certify that I have adequate insurance to cover any injury or damage Participant student may cause or suffer while participating, or I agree to bear the costs of such injury or damage myself.

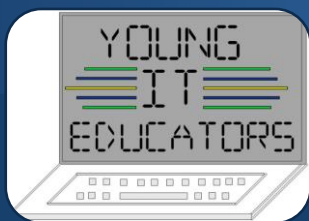
Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **Terms and Conditions**

- 1) Cancellation/Refund: To minimize the number of spots that are unused due cancellation, Young It Educators has designed its cancellation policy. Cancellation made more than 15 business days prior to the start of the program will incur a \$35 administrative fee. NO refunds will be given for cancellations made within 15 business days of the start of the program and student on the scholarship program would be required to pay back the full scholarship amount. Please note: Young IT Educators reserves the right to remove any student from the program if s/he displays any behavior that is harmful to others and/or disruptive to the program.
- 2) Age Policy: Students must be between 3<sup>rd</sup> and 12<sup>th</sup> grade to attend a Young IT Educators programs. Please respect the stated age guidelines and only register your child(ren) for the program in their age group. Falsifying this information may result in your child being dropped from the program.
- 3) Program Structure: This is three-year program with 3 different levels. Beginners level, intermediate level and advance level. Your child will be assessed skill level and placed in appropriate level.

Having had sufficient time to review and seek explanation of the provisions contained above, by agreeing to the terms of Young IT Educators and signing below, I voluntarily give consent and agree to the above Informed Consent, Permission, Release, Assumption of Risk and Young IT Educators Terms and Conditions.

Signature: \_\_\_\_\_ Date \_\_\_\_\_



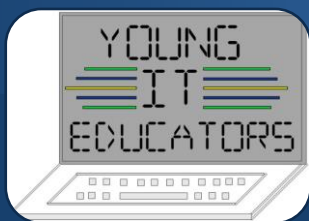
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### Photo Release

Participants in Young Information Technology (IT) Educators Corp. events and programs are sometimes photographed and videotaped for use in promotional and educational materials. I understand that, if I provide consent herein, such audio, video, film and/or print images of Participant student may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the Young IT Educators to record and photograph Participant student's image for research, educational and promotional purposes.

YES       NO

Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## FIRST SEMESTER 2020 SCHOLARSHIP FORM

I affirm that my child will enroll in Young IT Educators Corp. 3-year programs. I understand that this scholarship will be made available only to qualified people who need financial support to complete the 3-year program. I understand that if my child should withdraw from the program, I would be required to pay the full scholarship amount for the semester my child received scholarship for. I understand that I have to complete a new scholarship form for all semesters my child requires financial assistance. I understand that this scholarship is only awarded to students enrolled in Young IT Educators program and cannot be used for any other purpose. If your child is selected as a Young IT Educators Corp. Scholar, I agree to support my child in completing the full 3-year program. I affirm the information contained herein is true and accurate to the best of my knowledge and belief. I also consent that my child's picture may be taken and used for any purpose deemed necessary to promote the Young IT Educators Corp. Scholarship Program.

Signature (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Student Information

Student Full Name: \_\_\_\_\_

Gender: Male  Female  Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Current Program Enroll Level (Beginner, Intermediate, Advance): \_\_\_\_\_

### Scholarship Amount

Select one of the options below

- 1) Full program cost
- 2) Partial Program cost  Indicate amount if partial support \$ \_\_\_\_\_