Ultimate Oceans Application Form

Name/Nombre _____Age/Edad _____

DOB/Fecha-Nacimineto_____

Ethnicity/Efnicidad (Circle One)
Latino, White, African American, Filipino, American Indian, Pacific Islander, No Response

School/Escuela _____Grade/Grado _____

Address/Domicilio _____

City/Ciudad _____Zip Code/Codigo Postal _____

Phone Number/Telefono _____E-mail _____

Parent or Guardian Names/Padre o Guardian Nombre _____

Prefer Parent Communication in (Circle One) English or Spanish

Preferencia de Comunicacion de Padres es (Circule Uno) Ingles o Español

I have no other obligations between 4:00 PM –5:30 PM on Fridays. _____

I understand the behavior code for SeaTech and will follow it whenever I am participating in SeaTech. _____

If I leave the program, I agree to an participate in an exit interview. _____

Member Signature _____ Date_____

Additionally, I authorize the use of photographs taken of my child by SeaTech staff for promotional purposes. _____

Parent Signature _____ Date _____

I want to be in Ultimate Oceans because:

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