



# Application for *The Girls' Connection*

Powerful Education Solutions  
40 Sarasota Center Blvd. #101  
Sarasota, FL 34240 PH:(941) 312-4777

DATE

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## PERSONAL INFORMATION

Student Name :

Nickname :  Cell Phone:

Date of Birth :   /   /   Email :

Address :

City, State, Zip:

Allergies:

Please list any diagnosis and/or learning disabilities/challenges so we may better serve your student.

Student Strengths:

Please tell us any areas of need your student may have.

Please feel free to use additional space on back or below to expand on any topics above.

## EMERGENCY CONTACT INFORMATION

Name :	Phone Number(s)	Relation:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT/GUARDIAN INFORMATION Student lives with :  Both parents  \_\_\_\_\_  \_\_\_\_\_

Parent/Guardian Name:  Phone:   c  w

Address :  Phone:   c  w

City, State, Zip :  Email:

Parent/Guardian Name:  Phone:   c  w

Address :  Phone:   c  w

City, State, Zip :  Email:

PROGRAM FEE:  \$100 per month Paid annually  \$105 per month Paid quarterly  \$110 per month Paid monthly

OFFICE USE ONLY Notes:  Recurring Payment