



“The Foundation For Building Your Dreams”

**Dream Builders Communication Inc.
21st Century Community Learning Center T.A.G. Program
After School / Summer Student Application Form**

Please complete this form for all students seeking enrollment into the T.A.G. Program.

Students: _____
First Middle Last

Address: _____

Phone: _____
Home: Alternative: Mobile:

Social Security Number: _____ **Male or Female (Please circle one)**

Date of Birth: _____ **Race:** _____

Last School Attended: _____

Last Grade Completed: _____

Legal Guardian Information:

Mother/Guardian Name: _____
First: Last:

Father/Guardian Name: _____
First: Last:

Address: _____

Dream Builders Communication, Inc.
8801 J M Keynes Dr Ste 440
Charlotte, NC 28262
(704) 595-1884 office

(704) 595-1889 fax

www.kenstonjgriffin.com



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Does your child qualify for Exceptional Children’s Programming? Yes _____ No _____

Does your child currently have an IEP at their home school? Yes _____ No _____

Does your child currently take medication? Yes _____ No _____

Have you received, read, and understand the parent/program contract? Please initial _____

Do you understand that the parent/school contract must be completed and signed before the student can begin program? Please initial _____

Has the Guardian attended an information meeting about T.A.G? YES or NO (circle one)

Will _____ be a car rider? Yes or No

If yes, who is authorized to pick student up?

Guardian Signature

For office use only:
Grade: _____ Date Application received: _____

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