Vanessa Ziff Lasdon
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310•740•7195

W.O.R.D. Ink's Summer 2020 Workshop Series

2-PAGE ENROLLMENT APPLICATION

PLEASE COMPLETE AND RETURN THIS 2-PAGE APPLICATION WITH YOUR TUITION TO THE ADDRESS ON THE FINAL PAGE.

Part 1 STUDENT INFORMATION (Please Print)

_____ Child's First and Last Name

_____ Home Address

_____ Birthdate

_____ Grade Level in Fall 2020

_____ School

_____ Phone Number(s)

Part 2 PARENT/ GUARDIAN INFORMATION

_____ Parent/Guardian

_____ Address (if different from child's listed above)

_____ Day Phone [ ] work [ ] home [ ] cell

_____ Evening Phone [ ] work [ ] home [ ] cell

_____ Email(s)

EMERGENCY INFORMATION

Please list any special health issues your child has that would impact his or her participation:

_____

In case of emergency, contact someone other than guardian/ parent listed above:

_____ Name

Relationship [ ] guardian [ ] parent

_____ Day Phone [ ] Work [ ] Home [ ] Cell

_____ [ ] other —explain above

PARENT PERMISSION

My child _____ has my permission to participate in the course(s) listed on the second page of this enrollment form, presented by Vanessa Ziff Lasdon of W.O.R.D. Ink. I understand that s/he will attend on time each day and may be dismissed from camp at the discretion of the director should s/he show inappropriate, irresponsible, or disrespectful behavior. I permit my child's work to be published in a digital collection of campers' stories and will also allow his/ her image and/or comments to be used in future camp materials. All information on this application is truthful.

_____ Parent/Guardian Signature Date

Write. Observe. Revise. Discover.

Part 3 LEGAL CONSENT

Permission to Participate and Authorization of Consent to Treat a Minor

Full consent and permission is hereby granted to participate in the educational, recreational and extra-curricular activities offered by Vanessa Ziff Lasdon of W.O.R.D. Ink as well as treatment by physicians in an emergency situation. In the event of injury or illness, I understand that due effort to contact me to assist in any decision will be made by Vanessa Ziff Lasdon, but that the director will be compelled to use best judgment should it not be possible to contact me. I hereby indemnify Vanessa Ziff Lasdon from any liability because of the exercise of such consent. This authorization shall remain in effect from the beginning until the end of 2020 .

_____	_____
Child's Name	Parent / Guardian Signature
_____	_____
Parent/Guardian Print Name	Date

Check the boxes below for each workshop you wish to participate in. Give us a call at 310-740-7195 or email us at vanessa@word-ink.net to plan out the dates and details of your private summer workshop(s)!

(select which type)

In-Person $750	Online $600	
☐	☐	**Newsela & Storybird, Unite!** (GRADES 3-6)
☐	☐	**Write. Observe. Revise. Discover: Building Confidence & Creative Identity on the Blank Page** (GRADES 5-8)
☐	☐	**Tabletop Moviemaking** (GRADES 3-6; AGES 8-12)
☐	☐	**Grammar, Reading & Study Skills Boost** (GRADES 3-5)
☐	☐	**Word! A Writing Skills Intensive** (GRADES 4-6)
☐	☐	**Middle School Reading & Writing Essentials** (GRADES 6-8)
☐	☐	**High School Reading & Writing Essentials** (GRADES 9-12)

☐ *Essay Coaching for College or Prep School Admissions (*special rates apply)

☐ *Aptitude Test Prep (ERB / ISEE / SSAT) (*special rates apply)

☐ *"Build-It-Yourself" Creative & Scholastic Course (*special rates apply)

Tell us your "BIY"idea in a nutshell: _____

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PAYMENT OPTIONS

- PayPal (use www.paypal.me/vzlasdon)
- Venmo (use www.venmo.com/vzlasdon)
- W.O.R.D. Ink website (use www.word-ink.net/contact to bypass PayPal, go thru given process then select "Pay with Debit or Credit Card" option)
- By Check (payable ONLY to Vanessa Ziff Lasdon)

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