

CompuRecycling Center, Incorporated

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MEDICAL ASCENSION ENROLLMENT FORM

NOTE: Enrollment form, media release form, & liability form are ABSOLUTELY REQUIRED to ensure your child's enrollment. Parents are encouraged to return required forms & supplies fee at least TWO WEEKS before 1st day of the session due to limited seats. Return the completed forms via email, fax, or physically to our office.

Section 1. Parent/Guardian of Student Needs to Complete this Section:

How did you hear about Medical Ascension?

- Office Sign Radio Newspaper Ad TV Commercial
- TV News Billboard Ad Referral: _____

Are you a member of our Delta Workspace Program?

- Yes No, but I would like to join for FREE today

Advanced Summer Medical Institute

Fees \$149 for 8-week program. Fees Are Due By **6/30/2022**, Paid in Advance, NonRefundable. Program starts July 13th. Program Meets 1x/week on Wednesdays July 13th & July 20th @ 10am-12pm Then 1x/week on Saturdays July 30th thru September 10th @ 10am-12pm.

I would like to enroll my child in the following:

Medical Ascension: Advanced Summer Medical Institute Start/End Date: _____

Student First Name: _____ Student Last Name: _____

Student School Name: _____ Student Grade: _____ Student Age: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Phone #: _____ Cell Phone #: _____ Email address: _____

Method of Payment: (Please Check One)

- Cash Check Paypal (compurecyclingcenter@gmail.com)

Parent/guardian releases the use of his/her child's photos, videos, testimonials, and surveys acquired during Medical Ascension activities for use in CompuRecycling Center's materials which include but not limited to website, media campaigns, & slide decks.

<u>X</u>	<u>X</u>	<u>X</u>
Parent Name (Print)	Parent Signature	Date Required

Section 2. Not Required

Current Science Teacher & Principal Recommendation

By completing this section, you recommend this student for the upcoming session of Medical Ascension and verify the student's name, grade level, and school he/she currently attends.

Student First Name: _____ Student Last Name: _____ Student Grade: _____

School Name: _____ School Phone Number: _____

Teacher First Name: _____ Teacher Last Name: _____

<u> </u>	<u>X</u>	<u> </u>
Teacher Name (Print)	Teacher Signature	Date Required

<u> </u>	<u>X</u>	<u> </u>
Principal Name (Print)	Principal Signature	Date Required