



# Urban Breakthrough Enterprises, Inc.

## Fall 2008

### Breakthrough 2 College

**Registration Form – Please email to [ebony@ubenterprises.org](mailto:ebony@ubenterprises.org) or fax: (512) 336-6574**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

High School \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Other Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am interested in the following programs/services:

- |                     |                    |
|---------------------|--------------------|
| _____ College Prep  | _____ TAKS Prep    |
| _____ Financial Aid | _____ SAT/ACT Prep |
| _____ Tutoring      | _____ other _____  |
| _____ Mentoring     |                    |

**Workshop Days:** Tuesday Only      Wednesday Only      Tuesday and Wednesday

**Workshop Times:** 6:00 pm – 8:00 pm

**Tutoring Days:** Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

**Tutoring Times:** 5:30 – 8:00 pm

#### Student Acknowledgement

I understand that it is my responsibility to attend all programs that I sign up for. It is my responsibility to notify the UBE, Inc. staff if I change my mind so that other students may participate in my place.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Parent Acknowledgement

My child has my permission to participate in the Breakthrough 2 College (B2C) Program. My signature signifies that I will be play an active role in my child's education and will attend parent workshops. In addition, I will be responsible for making sure that he/she attends all selected sessions to receive optimal results from the B2C Program. I will notify UBE, Inc. staff and volunteers if I am unable to attend scheduled workshops/programs at least 1 hour prior to meeting.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_