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Application for Enrollment

**Please fill out all applicable fields.
 To receive a free 30-minute consultation,
 please call or send application to
 Youthinkwell Writing Studio.**

Term Applied for:	<input type="checkbox"/> Winter/Spring
	<input type="checkbox"/> Summer I
	<input type="checkbox"/> Summer II
	<input type="checkbox"/> Summer III
	<input type="checkbox"/> Fall
Year:	

Student Information:

Student Name:	Last	First	D.O.B.	
Address:	Street			Apt. #
	City	State		Zip Code
Telephone:	Home	Cell	Other	
Email Address:				
School:	Name	Grade	G.P.A.	Exp. Graduating Year

Mother's Information:

Mother's Name:	Last	First	Occupation	
Address (if different from above):	Street			Apt. #
	City	State		Zip Code
Telephone:	Home	Work	Cell	
Email Address:				

Father's Information:

Father's Name:	Last	First	Occupation	
Address (if different from above):	Street			Apt. #
	City	State		Zip Code
Telephone:	Home	Work	Cell	
Email Address:				

Please select all that applies to you:

I would like to be contacted: <input type="checkbox"/> By phone (please specify): <input type="checkbox"/> By email (please specify): <input type="checkbox"/> Other (please specify):		I would like to receive more information: <input type="checkbox"/> By mail (please specify): <input type="checkbox"/> By email (please specify): <input type="checkbox"/> Other (please specify):	
I am interested in: <input type="checkbox"/> Analytical Writing <input type="checkbox"/> College Essays <input type="checkbox"/> Community Service <input type="checkbox"/> Creative Writing <input type="checkbox"/> Grammar Fundamentals <input type="checkbox"/> Increasing Vocabulary <input type="checkbox"/> Logic Zone		<input type="checkbox"/> Playwriting <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> SAT Preparation <input type="checkbox"/> Screenwriting <input type="checkbox"/> Sentence Structure <input type="checkbox"/> Social Issues <input type="checkbox"/> Speech Writing <input type="checkbox"/> <i>Spill the Ink</i>	
		I would like a free 30-minute consultation: <input type="checkbox"/> yes <input type="checkbox"/> no	