

# School Year Registration & Availability



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Student name: \_\_\_\_\_ 20\_\_\_\_\_ Grade: \_\_\_\_\_

Coordinator:  Jed Miley  
 Melissa Richmond  
 Susan Small

Start date: \_\_\_\_\_

CLASS	INSTRUCTOR PREFERENCE	PREP OR CREDIT?	NUMBER OF SESSIONS/WEEK	PREFERRED SESSIONS LENGTH
1 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
2 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
3 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
4 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
5 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr
6 _____	_____	<input type="checkbox"/> Prep <input type="checkbox"/> Tutor	_____	<input type="checkbox"/> 1hr <input type="checkbox"/> 1.5 <input type="checkbox"/> 2hr

BELOW, PLEASE PLACE A CHECK IN SPOTS WHERE YOUR STUDENT IS AVAILABLE; INDICATE 1ST, 2ND AND 3RD PREFERENCES

	M	T	W	TH	F	SA
7:00am-7:50am						
8:00am-8:50am						
9:00am-9:50am						
10:00am-10:50am						
11:00am-11:50am						
12:20pm-1:10pm						
1:25pm-2:15pm						
2:30pm-3:20pm						
3:30pm-4:20pm						
4:30pm-5:20pm						
5:30pm-6:20pm						
6:30pm-7:20pm						

All sessions are equal to 50 minutes.

ADDITIONAL COMMENTS:

I understand the scheduling process will not begin until I have signed and returned the enrollment agreement and paid the non-refundable registration fee. I consent to YWA scheduling my student for the above designated courses and times.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_