



Summer Program Registration 2019

Summer program runs June 10th– August 9th
School will be closed July 4th & 5th, August 15th & 16th
PLEASE PAY REGISTRATION FEE ALONG WITH THIS FORM. WE WILL NOT ACCEPT FORMS WITHOUT PAYMENT.

**Registration: \$40.00 (new students only) includes t-Shirt
\$15.00 (current and continuing school year students) for t-shirt**

**Tuition: [Full time 5 days - \$165] [Part Time*- \$145]
*part time is anything less than 5 days**

Child's Name _____ D.O.B. _____ Grade in 8/2019 _____

Child's Name _____ D.O.B. _____ Grade in 8/2019 _____

Child's Name _____ D.O.B. _____ Grade in 8/2019 _____

Home Address _____

Parent/ Guardian Name _____ Cell # _____

Email _____ Work # _____

Parent/ Guardian Name _____ Cell # _____

Email _____ Work # _____

PLEASE FILL OUT THE BACK SIDE OF THIS PAGE REGARDING STUDENT INFORMATION

T-Shirt size (Circle one) **YOUTH** YXS YS YM YL **ADULT** AS AM AL AXL

Please be accurate as no exchanges can be made.

Circle one - Full Time (5 days) Part time (less than 5 days)

Amount of weeks you would like to reserve— _____ (circle below)

6/10-6/14

7/15-7/19

6/17-6/21

7/22-7/29

6/24-6/28

7/30-8/3

7/1-7/3 (3 days)

8/5-8/9

7/8-7/12

8/12-8/14 (3 days, transition week/daycare)

[] I UNDERSTAND THAT ONCE THIS FORM IS TURNED IN I AM FINANCIALLY COMMITTED TO THE FULL TUITION AMOUNT DUE BASED ON THE NUMBER OF WEEKS RESERVED.

Parent/ Guardian Signature _____

Date _____

Parent/ Guardian Signature _____

Date _____

STUDENT # 1 INFORMATION

Full Legal Name : _____ D.O.B. _____

Primary Language () English ()Other _____

Has your child ever repeated a grade? ___ No ___ Yes If so, what grade? _____

Has your child ever been in special programs, either remedial or accelerated? ___ No ___ Yes If so explain:

Does your child take any prescribed daily medications?

e.g. Insulin for diabetes, inhalers for asthma, stimulant or non-stimulant drugs for ADHD, etc? ___ No ___ Yes

Does your child have any health concerns that we need to be aware of? _____ No _____ Yes

Has your child participated in a public school assessment for an IEP or been recommended for an IEP?

_____ No _____ Yes

If Yes, please provide a copy of it.

STUDENT # 2 INFORMATION

Full Legal Name: _____ D.O.B. _____

Last School Attended: Name _____ Phone Number _____

Primary Language () English ()Other _____

Has your child ever repeated a grade? ___ No ___ Yes If so, what grade? _____

Has your child ever been in special programs, either remedial or accelerated? ___ No ___ Yes If so explain:

Does your child take any prescribed daily medications?

e.g. Insulin for diabetes, inhalers for asthma, stimulant or non-stimulant drugs for ADHD, etc? ___ No ___ Yes

Does your child have any health concerns that we need to be aware of? _____ No _____ Yes

Has your child participated in a public school assessment for an IEP or been recommended for an IEP?

_____ No _____ Yes

If Yes, please provide a copy of it.