



2021 Summer Program Registration

The summer program runs from **June 14th - July 30th (7 weeks)**
School will be closed July 5th.

Registration: All students...\$50.00 (includes T-Shirt)
- Fee is due at the time of submission

Tuition: Full Time...\$170.00 (5 Days per Week)

Child #1 Name: _____ D.O.B. _____ Grade in 8/2021: ____
Child #2 Name: _____ D.O.B. _____ Grade in 8/2021: ____
Home Address: _____ City: _____ State: ____ Zip Code: _____
Parent/ Guardian Name #1: _____ Cell # _____
Email: _____ Work # _____
Parent/ Guardian Name #2: _____ Cell # _____
Email: _____ Work # _____

T-Shirt Size: YOUTH: XS S M L
ADULT: S M L XL
(Please be accurate. No exchanges after this form has been submitted)

Full Time: 5 Days a Week **Weeks: 7**
- We will only be offering **one** schedule option this summer 2021.

[] I UNDERSTAND THAT ONCE THIS FORM IS TURNED IN I AM FINANCIALLY COMMITTED TO THE FULL TUITION AMOUNT DUE BASED ON THE SEVEN WEEK SUMMER PROGRAM.

Parent/ Guardian Signature #1 _____ Date _____
Parent/ Guardian Signature #2 _____ Date _____



Student Information Sheet

STUDENT # 1 INFORMATION

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

Primary Language () English () Other _____ Place of Birth: _____

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/504/SPEECH or been recommended for an IEP/504/SPEECH? ____ No ____ Yes (If Yes, please provide a copy of it.)

What is the name, city, and state of last school attended? _____

Last day of attendance? _____

STUDENT # 2 INFORMATION

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

Primary Language () English () Other _____ Place of birth: _____

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/504/SPEECH or been recommended for an IEP/504/SPEECH? ____ No ____ Yes (If Yes, please provide a copy of it.)

What is the name, city, and state of last school attended? _____

Last day of attendance? _____