



2022 Summer Program Registration

The summer program runs from **June 13th - July 29th (7 weeks)**
School will be closed July 4th.

Registration: All students...\$50.00
 Fee is due at the time of submission

Tuition

Full Time...\$170.00 (5 Days per Week) **Part Time**...\$150.00(Less Than 5 Days a Week)

Child #1 Name: _____ D.O.B. _____ Grade in 8/2022: ____
 Child #2 Name: _____ D.O.B. _____ Grade in 8/2022: ____
 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)

Full Time: 5 Days a Week **Part Time:** Less Than 5 Days a Week
 - # of weeks requested 6/13[] 6/20[] 6/27[] 7/4[] 7/11[] 7/18[] 7/25[]
 I am requesting _____ weeks

[] 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? _____