



## 2025 Summer Program Registration

The summer program runs from **June 9th - July 25th (7 weeks)**  
**School will be closed on the following dates: June 19**  
**July 4**

**Registration:** All students...\$75.00  
 Fee is due at the time of submission

### Tuition

**Full Time...**\$195.00 (5 Days per Week) **Part Time...**\$180.00 (Less Than 5 Days a Week)  
*For the week of 6/19/25, tuition will be \$180.00.*  
*For the week of 7/4/25, tuition will be \$180.00.*

Child #1 Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade in 8/2025: \_\_\_\_  
 Child #2 Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade in 8/2025: \_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/ Guardian Name #1: \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email: \_\_\_\_\_ Work # \_\_\_\_\_  
 Parent/ Guardian Name #2: \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email: \_\_\_\_\_ Work # \_\_\_\_\_

**T-Shirt Size:** (Please be accurate)      YOUTH:  XS  S  M  L  
 ADULT:  S  M  L  XL

**Full Time:** 5 Days a Week      **Part Time:** Less Than 5 Days a Week  
 - # of weeks requested 6/9[ ] 6/16[ ] 6/23[ ] 6/30[ ] 7/7[ ] 7/14[ ] 7/21[ ]  
**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? \_\_\_\_\_