



2026 Summer Program Registration

The summer program runs from **June 8 - July 31 (8 weeks)**
School will be closed on the following dates: June 19
July 3

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

Tuition

Full Time...\$200.00 (5 Days per Week) **Part Time...**\$180.00 (Less Than 5 Days a Week)
For the week of 6/19/26, tuition will be \$180.00.
For the week of 7/3/26, tuition will be \$180.00.

Child #1 Name: _____ D.O.B. _____ Grade in 8/2026: ____
 Child #2 Name: _____ D.O.B. _____ Grade in 8/2026: ____
 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 6/8 6/15 6/22 6/29 7/6 7/13 7/20 7/27
 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 EIGHT 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? _____