



# Extended Educational Summer Program

**PLEASE COMPLETE:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Person (s):**

<u>Name</u>	<u>Phone Number</u>

**Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Medical conditions (Asthma, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Last grade completer: \_\_\_\_\_

Does your child struggle in a specific area that you would like focused on?

Example: My child struggles in reading comprehension but is strong in math

\_\_\_\_\_  
\_\_\_\_\_

**Program Choice (please initial):**

You may pay for the 11 week program in full or pre-pay each Thursday. Billing statements will be sent out each Thursday to the email address you have provided. Some costs for field trips are **NOT** included in the weekly amount. Please initial below your choice of program:

		1 <sup>st</sup> Child	2 <sup>nd</sup> Child	Initial
Monday – Friday	7:30am thru 5:30pm	\$100	\$85	_____
Tuesday & Thursday	7:30am thru 5:30pm	\$50	\$50	_____
T-shirt Size _____ (1 <sup>st</sup> t-shirt included in cost) number of additional t-shirts _____ \$10 each				

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Giving HOPE for the future

For office use only: Registration Paid \_\_\_\_\_