

SUMMER ACADEMY REGISTRATION FORM

Child's name: _____

Last grade completed: _____ Age: _____ Date of birth: ____/____/____

Address: _____

Home phone: _____

***Please check off the week(s) your child will attend.**

- Week 1: July 1 - 5 Happy Birthday America!**
- Week 2: July 8 -12 Superheroes**
- Week 3: July 15-19 Under the Sea**
- Week 4: July 22 - 26 Super Sports**
- Week 5: July 29-August 2 Animal Planet**
- Week 6: August 5 - 9 Carnival Time!**

CONTACT INFORMATION

Mother's/Guardian's name: _____

Cell # _____ Work # _____

Father's/Guardian's name: _____

Cell # _____ Work # _____

Parent Email: _____

EMERGENCY PICK-UP

Name: _____

Relationship: _____

Phone number: _____

***Weeks are non-transferable**

I understand that I am responsible for completing all required paperwork prior to my child attending Summer Academy. I also understand that I am responsible for payments for all weeks registered above regardless of whether my child attends.

Parent Signature: _____