



PARK ACADEMY

Ignite. Empower. Imagine.

2019 Summer Camp Application Grades 3-8

Submission of this application and a \$100.00 deposit for each session (applied to tuition) are required to attend our summer program. The remaining balance of tuition will be due June 28, 2019. If your student is attending both morning and afternoon sessions, there will be a supervised lunch from 12:00pm - 12:30pm. Please bring your own food and beverages.

EXPLORING LITERACY, MATH & SOCIAL SKILLS THROUGH ENRICHMENT AND CREATIVITY

Morning Session | July 8 - August 2 (M-F) | 8:30am - 12:00pm | \$1,000.00

The morning Summer Program at Park Academy will feature weekly themes of science, technology, writing and/or history. Through creative projects, students will do a deep dive into two major themes (to be determined). In addition, students will engage in collaborative group problem solving, experiential learning and physical fitness.

Afternoon Session | July 8 - August 2 (M-F) | 12:30pm - 4:00pm | \$1,000.00

The afternoon Summer Program at Park Academy will feature weekly themes of science, technology, writing and/or history. Through creative projects, students will do a deep dive into two major themes (to be determined). In addition, students will engage in collaborative group problem solving, experiential learning and physical fitness.

PLEASE CHECK THE BOX FOR THE CLASSES YOU ARE REGISTERING FOR.

Student Name _____

Class	Cost	Deposit (\$100 per Class)	Remaining Balance (Cost - Deposit)
<input type="checkbox"/> Morning Session	\$ 1,000		
<input type="checkbox"/> Afternoon Session	\$1,000		
TOTAL			
		<i>(Due upon enrollment)</i>	<i>(Due 6/28/19)</i>

Amount Enclosed: _____

Payment Method: Cash Check (made payable to Park Academy)

Credit Card Visa MasterCard American Express Discover
(Will incur a 2% processing fee)

Name on Card _____ Card Number _____

Exp. Date _____ / _____ CID _____ Billing Zip Code _____



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Applicant Information

Legal Last Name	Legal First Name	Preferred Name	Current Grade
Gender	Date of birth (month/day/year)	Place of birth (city/state/country)	SSN
Address	City	State	Zip
Phone	Parent/Guardian primary email address		

School Information

Current School	Telephone	Grade(s) attended	
Address	City	State	Zip

Parent/Guardian (A) Information

Parent's/Guardian's Name	Relationship to applicant		
Spouse/Partner, if not child's parent/guardian			
Address (if different from applicant)			
City, State and Zip	Home Phone	Email	
Cell Phone	Work Phone	Occupation	Employer/Firm Name

Parent/Guardian (B) Information

Parent's/Guardian's Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant) City, State and Zip Home Phone

Cell Phone Work Phone Email

Occupation Employer/Firm Name

Emergency Contacts & Health Information

Who should be notified in case of emergency other than parent/guardian

First Contact Name (other than parent) Relationship to applicant

Home Phone Work Phone Cell Phone

Second Contact Name (other than parent) Relationship to applicant

Home Phone Work Phone Cell Phone

Physicians Name Phone Hospital

Dentist Name Phone

Please indicate any medical conditions the school should be aware of:

_____ Allergies/Specify	_____ Asthma	_____ Bleeding Disorder
_____ Bee Sting	_____ Migraines	_____ Diabetes
_____ Heart Condition	_____ Hearing Problems	_____ Seizures
_____ Vision Problems		

Other: _____

Please indicate any medications the student is currently taking:

In an emergency, if the Parent/Guardian, designated Physician/Dentist cannot be reached, I authorize Park Academy to transport and/or obtain medical services from any doctor for my child.

Parent/Guardian Signature

Date

STUDENT PROFILE

Please indicate your student's unique learning differences and needs: _____

Describe your child's interaction with peers: _____

Please share anything else that will help our staff serve and support your child: _____
