



Summer School 2015 Registration Form

Summer School Sessions (choose one):

- Session One: **June 22nd to July 3rd (10 days)**
\$370.00
- Session Two: **July 6th to July 17th (10 days)**
\$370.00
- Session Three: **July 20th to July 31st (10 days)**
\$370.00
- All Sessions: **June 22nd to July 31st (30 days)**
\$1,110.00

- Extended Care** (12 pm to 4 pm available) \$8.00 per hour
Hours needed: _____ to _____

Child's Last Name: _____ First Name: _____ Middle Name: _____

Gender: Female Male Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Mother's Name: _____

Father's Name: _____

Mother's Occupation: _____

Father's Occupation: _____

Mother's Day Phone: _____

Father's Day Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's Email: _____

Father's Email: _____

Please list any allergies and/or food restrictions your child has:

Please list any medications prescribed to your child:

Physician or dentist to be called in an emergency:

Physician: _____ Address: _____

Phone Number: _____ Medical Plan and Number: _____

Dentist: _____ Address: _____

Phone Number: _____ Medical Plan and Number: _____

If physician cannot be reached, what action should be taken?

Call emergency hospital Other Explain: _____

I authorize the following persons to pick my child up from school:

Authorized Person

Relationship to Child

The child will not be allowed to leave school with any other person without written authorization from the responsible parent/guardian. Identification must be presented before your child will be allowed to leave school.

Aftercare Pricing Information:

The hourly rate of Villa's 2014 summer school aftercare program is \$8.00 per hour. As per Villa's policy, if your child stays into part of an hour, you will be charged for the entire hour (For example, if a child stays from 12 pm until 3:30 pm, they will be charged for 4 hours).

Late Fees:

There will be a \$1 per minute late fee beginning at 4:01 pm. Please pick up your child promptly at 4:00 pm to avoid being charged a late fee.

IN CASE OF EMERGENCY, IF UNABLE TO CONTACT PARENTS, PLEASE CALL:

Name _____ Phone Number _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____