



# 2017 INSPIRATION SUMMER STUDY CAMP

## Registration Form

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### **PROGRAM CHOICES:**

#### **HALF DAY CAMP \$320/5 DAYS**

SESSIONS: 9:30-12:00; 1:30-4:00; 5:00-7:30 \*Choose your session!

ENGLISH	MATH	OTHER	SESSIONS
<input type="checkbox"/> Novel Study <input type="checkbox"/> Writing Craft <input type="checkbox"/> Phonics and Reading Ahead (SK - Gr 2)	<input type="checkbox"/> Elementary Math Foundation (Multiplication and Division, Algebra, Problem Solving, Math Challenges) <input type="checkbox"/> High School Math Preparation	<input type="checkbox"/> French <input type="checkbox"/> Organizational Skills and Study Habits <input type="checkbox"/> Art <input type="checkbox"/> Chinese <input type="checkbox"/> Coding	<input type="checkbox"/> 9:30 - 12:00 <input type="checkbox"/> 1:30 - 4:00 <input type="checkbox"/> 5:00 - 7:30

#### **FULL DAY CAMP**

9:30-4:00; EXTENDED CARE AVAILABLE: \$5 PER HOUR

ESL \$400/5 DAYS	ENGLISH / MATH + \$500/5 DAYS	ENGLISH / MATH + SUBJECT \$600/5 DAYS	EXTENDED CARE \$5/HR
<input type="checkbox"/> ESL Intensive Training Class	<input type="checkbox"/> Movie <input type="checkbox"/> Novel Reading	<input type="checkbox"/> Math <input type="checkbox"/> French <input type="checkbox"/> Art <input type="checkbox"/> Chinese <input type="checkbox"/> Coding	<input type="checkbox"/> _____ hr(s)

Camp Start & End Dates \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to abide by the operation rules as set by Inspiration Learning Center. My signature authorizes Inspiration Learning Center to use photographs, videos, and other media of my child or made by my child named on this form in promotional materials. My signature also authorizes my child to be treated by the first available medical facility and physician should the need arise, and authorizes the emergency contact listed above to pick up my child from the program and make decisions regarding my child if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.