

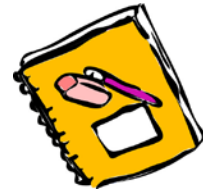


Highpoint Academy

READING & MATH CLINIC

(for VPK, Kindergarten & 1st Grade)

REGISTRATION FORM



Student's Name: _____

Date of Birth: _____ Age _____ Sex: _____

Address: _____ Home Phone: _____

Father's Name: _____ WorkPhone: _____ Cell Ph? _____

Mother's Name: _____ Work Phone: _____ Cell Ph.? _____

E-Mail address: _____ Emergency Phone: _____

School last attended: _____ Grade: _____

Name of brother or sister also attending Camp: _____ Age(s): _____

Telephone No. in case of an emergency: _____

Name of Pediatrician: _____ Phone: () _____

List any allergies/surgeries/ illnesses: _____

Persons, other than parents, authorized to pick up child and/or who can assume responsibility in case of emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Parents are: married divorced/separated. Custodial Parent: _____

SESSIONS: Please check off the weeks your child will be attending Summer School:

June 13-June 17 June 20-June 24 June 27-July 1 July 4-July 8 July 11- July 15

July 18-July 22 July 25-July 29 (School will be closed for back-to-school preparations from 8/1 to 8/12)

- LUNCH**
- A light lunch will be included 3 days a week: Monday, Wednesday and Friday. Students must bring a bagged lunch from home on Tuesday and Thursday (when Camp kids are out on Field Trip.)
 - Snacks and juices will be sold daily.

SUMMER SCHOOL HOURS: 9:00 a.m. to 1:00 p.m. *

*** COMBINATION PROGRAM: Students attending Summer Camp in the afternoons may stay until 6:00 p.m. An additional fee of \$50.00 for each four (4) week session must be paid.**

PAID REGISTRATION FEES:

___ \$ 50.00 * Ck. # _____ Cash: _____ * payable for all sessions.

SESSION FEES: (Check off method of payment)

___ 7 weeks (if paid in full, in advance, before May 30th) \$875.00

___ 7 weeks (if paid in full, in advance, after May 30th) \$925.00

___ Any 4 weeks: \$550.00 (paid in advance)

___ Weekly rate: \$150.00 (paid the previous Friday)

___ Combination Program (Camp and Summer School)

- **FEE INCLUDES:**
 - 9:00 a.m. to 1:00 p.m. Small Group Classes in Reading and Math
- **RULES:**
 - NOT PERMITTED:** Cell phones, acrylic nails, make-up or excessive jewelry.
 - CONDUCT RULES:** Appropriate conduct is expected at all times. The following are grounds for expulsion from Summer School: use of foul language, any kind of harassment; (including physical, sexual, verbal, emotional, etc.), destruction of school property (including graffiti), improper dress attire, fighting, stealing, hitting or abuse of any kind, discrimination of any kind and/or any other inappropriate or unacceptable conduct. Cell phones brought to school will be confiscated.

REQUIRED
AGREEMENT and DISCLAIMER FORM

I hereby register my child for **SUMMER SCHOOL**. I understand that the program hours are 9:00 a.m. to 1:00 p.m. only. Unless my child is registered in the "Combination Program," I understand that late pick up fees of **\$3.50 for each 15 minute fraction**, will be due at time of pick up

I understand that Camp Summer School starts at 9:00 a.m. and that my child cannot arrive after this time.

I also understand that session fees are due prior to the 1st day of each session.

I understand that a light lunch is included in the fees, except on the two days where Field Trips are scheduled where I must send a bagged, balanced lunch for my child.

A \$20.00 late payment penalty is added when payment is not made within the first 5 days of the due date. A **\$35.00** penalty will be charged for all checks returned by the Bank.

I have seen the Highpoint Main Campus and hereby give permission for my child to use all the facilities, including playground equipment and athletic fields, and hereby find them safe and suitable for my child. I have clearly explained all rules to my child and he/she understands the consequences for failure to abide by them.

I certify that my child's medical records are complete and that he/she is fully immunized and physically and mentally able to participate in all program activities. I certify that my child is covered by a health insurance policy and that Highpoint Academy, Inc.'s insurance will cover immediate Emergency treatment **ONLY**, not Liability. I understand that in case of an accident, I will first submit the claim to my insurance carrier. I agree to be responsible for any hospitalization or other required treatment.

I hereby give permission for my child's photo, group video or group photos to be published in either the school's website or any other publication.

I hereby release Highpoint Academy, Inc., its owners, Directors and employees of any liability with regard to any Summer program.

I understand that **NO DEDUCTIONS** will be made for days or weeks my child is absent.

I UNDERSTAND THAT ALL PAYMENTS MADE ARE NON-REFUNDABLE.

I have read or have been read to all of the above and hereby understand and agree to what is stated here.
PLEASE MAKE CHECK PAYABLE TO HIGHPOINT ACADEMY.

Paid: \$ _____ Registration Fee
\$ _____ Session Fee

Date: _____

Signature of Parent/Guardian: _____
Relationship to Child: _____