



SUMMER PROGRAMS APPLICATION 2022

Please complete the following form and email, mail, or deliver with registration fee to

Royce Learning Center - Attn: Sally Greenberg | sgreenberg@roycelc.org

4 Oglethorpe Professional Blvd. | Savannah | GA | 31406 (T) 912-354-4047 | (F) 912-354-4633

Student Info.

Name of Applicant _____ / _____ / _____
Last First Middle

Preferred Name _____ Birth Date ____ / ____ / ____ Age ____

Male Female Ethnicity _____ Present Grade _____

Has this child previously attended Royce Learning Center? _____ If YES, when? _____

Tutoring Center Summer School Enrichment Camp Study Skills Chatham Academy

Parent Info.

Parent Name _____ / _____
Last First

Address _____
City State Zip

Phone (_____) _____ Email _____

Please select the following Program(s) your child will attend

Submit Summer School payment in full by May 13 to receive 5% discount

All Paperwork and payments must be completed and received by Friday, June 10

Program	Registration Fee*	Tuition	Total
<input type="checkbox"/> Summer School – Grades 1 – 8 Monday, June 13 – Thursday, July 14 Summer School Pre-Testing Dates	\$ 75* 8:30a – Noon 9a – 12p Wednesday, June 8 & Thursday, June 9	\$ 925	\$1,000
<input type="checkbox"/> Enrichment Camp – Grades 1 – 8 Monday, June 13– Thursday, July 14	\$ 50** Noon – 4p	\$ 125/Week \$ 575/5 Weeks	_____
<input type="checkbox"/> Study Skills ____ June 27 – 30 1pm – 4pm	\$ 50*	\$ 200/Session	_____
<input type="checkbox"/> Early drop-off is available beginning at 7:30a for an additional \$10/day			_____
<input type="checkbox"/> Early drop-off is available beginning at 8:00a for an additional \$5/day			_____
<input type="checkbox"/> Late pick-up is available until 5p for an additional \$5/day Any late pick-ups after 5p will be charged \$1 per minute after 5p			_____

* All Registration Fees are non-refundable

** Enrichment Camp Registration Fee is waived if enrolled in Summer School

TOTAL DUE

PAYMENT OPTIONS

Check - Please make payable to Royce Learning Center

Name on Card _____

Credit Card # _____ Expiration _____ CVS _____

Signature _____ Date ____ / ____ /20____



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How did you hear about our program? Newspaper Magazine Website _____

Recommended By _____ Other _____



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Student Name _____

FAMILY INFORMATION

Mother/Legal Guardian _____

Father/Legal Guardian _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Email _____

Email _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Home Phone (_____) _____

Home Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

With whom does the applicant reside? _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to Student _____

Phone (_____) _____

Email _____

MEDICAL BACKGROUND INFORMATION

Are there any medical conditions (food allergies, medications, etc.) that we need to be aware of while your child is attending Summer Programs?

Yes No

I certify that the above family, academic and medical information is true and correct. I understand that Royce Learning Center has the right to dismiss my child from the program if information is incorrect or not complete.

Relationship to Student _____

Your Printed Name _____

Signature _____

Date ____ / ____ /20 ____



SUMMER PROGRAMS APPLICATION 2022

Student Name _____

ACADEMIC INFORMATION REQUIRED

Present Grade (Spring 2022) _____ Grade Placement for 2022 – 2023 _____

Current School _____ Current Teacher's Name _____

Does your child have an IEP (Individualized Education Program), special education classes or services?

Yes No **(If so, please provide copies of testing reports, IEP and other relevant information.)**

Please describe in detail your child's academic concerns. **Cannot be left blank**

Has your child had any disciplinary issues in school? **Cannot be left blank**

What specific skills need to be stressed this summer? **Cannot be left blank**

What do you hope to see accomplished through our Summer Program? **Cannot be left blank**

RELEASE OF INFORMATION I, _____, hereby authorize Royce Learning Center to release or obtain copies of pertinent educational records on _____
(Student's Name)

Relationship to Student _____

Your Printed Name _____

Signature _____ Date ____ / ____ /20 ____

*I am aware this program is not licensed by the State of Georgia, and that the program carries liability insurance.
Royce Learning Center welcomes students without bias towards race, gender, religion or national origin.*



APPLICATION FOR FINANCIAL ASSISTANCE

Partial scholarships are often available and are based on demonstration of financial need. To be considered for scholarship assistance, please complete this form and return to Royce Learning Center.

A copy of Federal Income Tax form 1040* MUST be submitted with this application for consideration.
Scholarships are based on need, and current available funding, and are not guaranteed.

Student Name _____

Payer's Name _____ Relationship to Student _____

Payer's Employer _____

Address _____

City _____ State _____ Zip _____

Spouse's Name _____

Spouse's Employer _____

Address _____

City _____ State _____ Zip _____

* Annual Income Payer _____

Spouse _____

Dependents (Living at Home)

Name

Date of Birth (Month, Day, Year)

____/____/____

____/____/____

____/____/____

____/____/____

* Additional Income (Child Support, Retirement, SSI, etc.) _____

* Total Annual Income _____

I certify that the above employment, income and dependent information is true. I give Royce Learning Center permission to contact the people/agencies above to verify stated information. This information will be updated periodically and will remain in a confidential file.

Relationship to Student _____

Your Printed Name _____

Signature _____

Date ____ / ____ /20 ____