

With whom does the applicant reside? _____

SUMMER PROGRAMS APPLICATION 2019

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

Royce Learning Center - Attn: Sally Greenberg 4 Oglethorpe Professional Blvd. Savannah, GA 31406 (912) 354-4047

APPLYING FOR: (Please check	all that apply)	Today's Date:	, 201 <u>9</u>
☐ Summer School	☐ Enrichment Camp	Study Sk	ills
June 17 – July 18	June 17 – July 18	Session I .	
Summer School Pre-Testing Date Wednesday, June 12		Session II	luly 8 - 11
Name of Applicant:			
Last	Firs	t	Middle
Preferred Name:	Birth Date:		Age:
Address:			
City/State/Zip:	Т	elephone:	
☐ Male ☐ Female	Ethnicity	_	
Present Grade:	Current School:		
Has your child attended Royce L Tutoring Center Summ			
How did you hear about our pro Recommended by			
FAMILY INFORMATION:	<u>FAMILY I</u>	NFORMATION:	
Father/Legal Guardian:	Mother/Le	egal Guardian:	
Address:	Address: _		
City/State/Zip:	City/State,	/Zip:	
Email:	Email:		
Home Phone:	Home Pho	ne:	
Work Phone:	Work Phoi	ne	
Cell Phone:	Cell Phone	::	



Student Name:	
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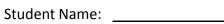
EMERGENCY CONTACT INFORMATION

Name:	Phone Number:
Relationship to Student:	
RELEASE OF INFORMATION	
I,	, hereby authorize Royce Learning Center to nent educational records on
(S	tudent's Name)
Signature:	Date: / /
Relationship to Student:	
· —	ed by the State of Georgia, and that the program carries liability insurance. s without bias towards race, gender, religion or national origin.
ACADEMIC INFORMATION	
Present Grade (Spring 2019):	Grade Placement for 2019-2020:
s promotion to the next grade depend	lent upon Summer School attendance?
Yes No	ized Education Program), special education classes or services? reports, IEP and other relevant information.)
f so, which program do they attend? _	
How many hours per day?	What is the current teacher's name?
REQUIRED: Please describe in detail v	your child's academic concerns: Please do not leave blank.
Describe your child's behavior in schoo	



Student Name:	

What specific skills need to be stressed this summer?	Please do not leave blank.
What do you hope to see accomplished through our	Summer Program? <i>Please do not leave blank</i> .
Current Teacher's Name:	
Who should we contact at your child's school to get bayear?	ackground information and expectations for next
Name:	Phone Number:
MEDICAL BACKGROUND INFORMATION:	
Are there any medical conditions (food allergies, med child is in Summer Programs?	ications, etc.) that we should consider while your
☐ Yes ☐ No	
If yes, please explain:	
I certify that the above family, academic and medica that Royce Learning Center has the right to dismiss r incorrect or not complete.	=
Signature:	Date:
Relationship to Student:	Revised 1/28/19 3





2019 SUMMER PROGRAMS REGISTRATION FORM

Name of Applicant:			
Last		First	Middle
Preferred Name:	Birth Date: _		Age:
Address:			
City/State/Zip:		Telephone:	
Please select the following Programmer School payment in 1			
<u>Program</u>	Registration Fee*	<u>Tuition</u>	<u>Total</u>
Summer School – Grades 1 - 8 June 17 – July 18 Monday – Thursday, 8:30am – N	\$ 75* Joon	\$ 925	
Summer School Pre-Testing Dates:	8:30am – 12pm 🔲 W	/ednesday, June 12	Thursday, June 13
June 17 – July 18 Monday – Thursday, Noon – 4 Grades 1 – 8	\$ 50** pm	\$ 125/Week \$ 575/5 Weeks	
Study Skills Session I June 24 – 27 2pm – Session II July 8 – 11 2 pm –	-	\$ 200/session	
Early drop-off is available beginni Early drop-off is available beginn Late pick-up is available until 5pr Any late pick-ups <i>after 5pm</i> will	ing at 7:30 am for an a ing at 8:00 am for an a m for an additional \$5/	dditional \$5/day day	
TOTAL DUE:			
 All Registration Fees are non-refule Registration Fee is waived if enrogation PAYMENT OPTIONS: 		I	
Check: Please make payable to Royce	e Learning Center		
Credit Card #		Expiration:	CVS:
ignature:		Date:	Poviced 1/29/10 /
			Davidsod 1/20/10 /



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.

zip:
z Zip:
zip:
z Zip:
Spouse:
Date of Birth (Month, Day, Year
/
/
lent information is true. I give Royce ies above to verify stated information.
main in a confidential file.
Date: