



SUMMER PROGRAMS APPLICATION 2020

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: _____, 2020

Summer School

Monday, June 22 – Friday, July 17
No classes will be held Friday, July 3

Enrichment Camp

Monday, June 22 – Friday, July 17
No classes will be held Friday, July 3

Name of Applicant: _____
Last First Middle

Preferred Name: _____ Birth Date: _____ Age: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Male Female Ethnicity _____

Present Grade: _____ Current School: _____

Has your child attended Royce Learning Center in the past? _____ If YES, when? _____

Tutoring Center Summer School Enrichment Camp Study Skills

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

Recommended by _____ Other _____

FAMILY INFORMATION:

FAMILY INFORMATION:

Father/Legal Guardian: _____ Mother/Legal Guardian: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

With whom does the applicant reside? _____



Student Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Relationship to Student: _____

RELEASE OF INFORMATION

I, _____, hereby authorize Royce Learning Center to release and/or obtain copies of pertinent educational records on

(Student's Name)

Signature: _____ Date: ____ / ____ / ____

Relationship to Student: _____

I am aware that 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.

ACADEMIC INFORMATION

Present Grade (Spring 2020): _____ Grade Placement for 2020 - 2021: _____

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.)

If so, which program do they attend? _____

How many hours per day? _____ What is the current teacher's name? _____

REQUIRED: Please describe in detail your child's academic concerns: ***Please do not leave blank.***

Describe your child's behavior in school:

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? ***Please do not leave blank.***

Current Teacher's Name: _____

Who should we contact at your child's school to get background information and expectations for next year?

Name: _____

Phone Number: _____

MEDICAL BACKGROUND INFORMATION:

Are there any medical conditions (food allergies, medications, etc.) that we should consider while your child is in Summer Programs?

Yes No If yes, please explain:

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.

Signature: _____

Date: _____

Relationship to Student: _____



Student Name: _____

2020 SUMMER PROGRAMS REGISTRATION FORM

Name of Applicant: _____
Last First Middle

Preferred Name: _____ Birth Date: _____ Age: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Please select the following Program(s) your child will attend:
Submit Summer School payment in full by June 19th to receive 5% discount

<u>Program</u>	<u>Registration Fee*</u>	<u>Tuition</u>	<u>Total</u>
<input type="checkbox"/> Summer School – Grades 1 - 8 Monday, June 22 – Friday, July 17 8:30am – Noon <i>No classes will be held Friday, July 3</i>	\$ 75*	\$ 925	_____

<input type="checkbox"/> Enrichment Camp – Grades 1 - 8 Monday, June 22 – Friday, July 17 Noon – 4pm <i>No classes will be held Friday, July 3</i>	\$ 50**	\$ 125/Week \$ 575/5 Weeks	_____ _____
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<input type="checkbox"/> Early drop-off is available beginning at 7:30 am for an additional \$10/day	_____
<input type="checkbox"/> Early drop-off is available beginning at 8:00 am for an additional \$5/day	_____
<input type="checkbox"/> Late pick-up is available until 5pm for an additional \$5/day Any late pick-ups after 5pm will be charged \$1 per minute after 5pm	_____

TOTAL DUE:

* All Registration Fees are non-refundable

** Registration Fee is waived if enrolled in Summer School

PAYMENT OPTIONS:

Check: Please make payable to Royce Learning Center

Credit Card # _____

Expiration: _____ CVS: _____

Signature: _____

Date: _____



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.

Signature: _____

Date: _____

Relationship to Student: _____