



SUMMER PROGRAMS APPLICATION 2021

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

Name of Applicant: _____ / _____ / _____
 Last First Middle

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

Address: _____

_____/_____/_____
 City State Zip

Telephone: () _____ Email: _____

Male Female Ethnicity _____ Present Grade: _____

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

Tutoring Center Summer School Enrichment Camp Study Skills

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

Submit Summer School payment in full by May 14 to receive 5% discount

All Paperwork and payments must be completed and received by Friday, June 11

<u>Program</u>	<u>Registration Fee*</u>	<u>Tuition</u>	<u>Total</u>
<input type="checkbox"/> Summer School – Grades 1 – 8 Monday, June 14 – Thursday, July 15 8:30am – Noon Summer School Pre-Testing Dates: 9am – 12pm Wednesday, June 9 & Thursday, June 10	\$ 75*	\$ 925	_____
<input type="checkbox"/> Enrichment Camp – Grades 1 – 8 Monday, June 14 – Thursday, July 15 Noon – 4pm	\$ 50**	\$ 125/Week \$ 575/5 Weeks	_____ _____
<input type="checkbox"/> Early drop-off is available beginning at 7:30am for an additional \$10/day			_____
<input type="checkbox"/> Early drop-off is available beginning at 8:00am 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			_____ _____

* 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: ____/____/2021

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: _____

Home Phone: () _____

Home Phone: () _____

Work Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

With whom does the applicant reside? _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Student: _____

Telephone: () _____

Email: _____

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

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: ____ / ____ / 2021



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Student Name: _____

ACADEMIC INFORMATION REQUIRED

Present Grade (Spring 2021): _____ Grade Placement for 2021 - 2022: _____

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.)**

If so, which program do they attend? _____ How many hours per day? _____

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: ____ / ____ / 2021

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.



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: ____/____/2021