

Summer Scholars Program Registration Form

Student's Name: _____

Date of Birth: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip _____

Home phone: _____ Work _____ Cell _____

E-Mail Address _____

Program Dates: June 24 – August 16

\$1,700 for full day program 8:00 am – 5:00 pm

\$900 for half day program 8:00 am – 12:30 pm

\$185 discount will be given for a one week's vacation

Make checks payable to St. Mary's Academy. \$100 deposit is required with registration.

Summer camp fee is non-refundable. Half of the tuition is due upon the start of the program.

A current health form MUST be on file in the St. Mary's Academy Health Office.

Physician _____ Phone _____

Medical Conditions _____

Emergency Contacts

Name	Phone Number	Relationship
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1.	_____	_____
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2.	_____	_____
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Return this form with deposit to:

St. Mary's Academy, 49 Syracuse St., Baldwinsville, NY 13027