

Summer Scholars Program

Registration Form

Student's Name: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip _____

Home phone: _____ Work Phone _____ Cell phone _____

_____ Summer Scholars Program June 25 – August 24

\$1700 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. ½ 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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