



SUMMER PROGRAMS APPLICATION 2018

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)

Summer School

June 11 – July 12

Today's Date: _____

Enrichment Camp

June 11 – July 12

Study Skills

Session I June 18 – 21

Session II June 25 – 28

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

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: _____

ACADEMIC INFORMATION

Present Grade (Spring 2018): _____ Grade Placement for 2018-2019: _____

Is promotion to the next grade dependent upon Summer School attendance? _____

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:



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? ***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: _____

OPTIONAL 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:



Student Name: _____

2018 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 May 15th to receive 5% discount

<u>Program</u>	<u>Registration Fee*</u>	<u>Tuition</u>	<u>Total</u>
<input type="checkbox"/> Summer School June 11 – July 12 Monday – Thursday, 8:30am – Noon Grades 1 – 8	\$ 75*	\$ 925	_____
<input type="checkbox"/> Enrichment Camp June 11 – July 12 Monday – Thursday, Noon – 4pm Grades 1 – 8	\$ 50**	\$ 110/Week \$ 500/5 Weeks	_____
<input type="checkbox"/> Study Skills _____ Session I June 18 – 21 2pm – 5pm _____ Session II June 25 – 28 2pm – 5pm	\$ 50*/session	\$ 200/session	_____
<input type="checkbox"/> Early drop-off is available beginning at 7:45am for an additional \$5/day			_____
<input type="checkbox"/> Late pick-up is available until 5pm for an additional \$5/day			_____

Pre-Testing Dates: 10am – 12pm May 19 June 2 June 9

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: _____