

# SUMMER SESSION 2009

# EARLY CHILDHOOD APPLICATION

PLEASE PRINT AND COMPLETE ONE APPLICATION PER STUDENT.

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gillispie student 2008-2009? Yes \_\_\_ Teacher \_\_\_\_\_ If not, what school? \_\_\_\_\_

## PARENT INFORMATION

Mother's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## PARENTAL PERMISSION FOR OFF-CAMPUS FIELD TRIPS & EMERGENCY TREATMENT

I hereby give permission for this student to participate in all school-related activities that may take place off-campus, such as field trips, including transportation to and from these activities. In the event of illness or injury, permission is granted for the treatment of the above student by any physician or hospital to which the student is taken by an agent of The Gillispie School. This would only occur in the event that the parent(s) could not be contacted.

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please check all appropriate boxes to register your child for Summer Session.

**Payment for all registered sessions must be returned with the application. If payment is received by March 30, 2009, a 10% discount will apply.**

<b>SESSION 1</b> June 22 - July 3	<input type="checkbox"/> 5 Full Days M-F: \$500 Full Days 8:30 a.m. - 3:00 p.m. <input type="checkbox"/> 3 Full Days M W F: \$420 <input type="checkbox"/> 2 Full Days T Th: \$320	<input type="checkbox"/> 5 Half Days M-F: \$420 Half Days 8:30 a.m. - 12 Noon <input type="checkbox"/> 3 Half Days M W F: \$340 <input type="checkbox"/> 2 Half Days T Th: \$280
<b>SESSION 2</b> July 6 - July 17	<input type="checkbox"/> 5 Full Days M- F: \$500 <input type="checkbox"/> 3 Full Days M W F: \$420 <input type="checkbox"/> 2 Full Days T Th: \$320	<input type="checkbox"/> 5 Half Days M-F: \$420 <input type="checkbox"/> 3 Half Days M W F: \$340 <input type="checkbox"/> 2 Half Days T Th: \$280
<b>SESSION 3</b> July 20 - July 31	<input type="checkbox"/> 5 Full Days M- F: \$500 <input type="checkbox"/> 3 Full Days M W F: \$420 <input type="checkbox"/> 2 Full Days T Th: \$320	<input type="checkbox"/> 5 Half Days M-F: \$420 <input type="checkbox"/> 3 Half Days M W F: \$340 <input type="checkbox"/> 2 Half Days T Th: \$280
<b>SESSION 4</b> August 3 - August 14	<input type="checkbox"/> 5 Full Days M- F: \$500 <input type="checkbox"/> 3 Full Days M W F: \$420 <input type="checkbox"/> 2 Full Days T Th: \$320	<input type="checkbox"/> 5 Half Days M-F: \$420 <input type="checkbox"/> 3 Half Days M W F: \$340 <input type="checkbox"/> 2 Half Days T Th: \$280

## PAYMENT CALCULATION (TOTAL PAYMENT MUST BE ENCLOSED WITH APPLICATION)

CAMP SESSION 1 \$  + CAMP SESSION 2 \$  + CAMP SESSION 3 \$  + CAMP SESSION 4 \$  = \$   
GRAND TOTAL