

# Rose Summer 2019 Registration

## Rising 3<sup>rd</sup>-8<sup>th</sup> Grade

Class content is unique for each session, allowing students to enroll in multiple sessions. Circle the fee for the sessions and classes requested.

	Session 1 June 3-June 14	Session 2 June 17-June 28	Session 3 July 15-July 26
7:30 – 8:15 <b>Math Skills or Word Study</b>	\$170 <input type="checkbox"/> Math Skills <input type="checkbox"/> Word Study	\$170 <input type="checkbox"/> Math Skills <input type="checkbox"/> Word Study	\$170 <input type="checkbox"/> Math Skills <input type="checkbox"/> Word Study
8:15 - 11:25 <b>Reading, &amp; Writing</b>	\$375	\$375	\$375
11:25 – 11:50 <b>Lunch &amp; Free Play</b>	Bring lunch	Bring lunch	Bring lunch
11:55-2:15 <b>Math Beyond the Basics</b>	\$310	\$310	\$310
2:15-3:20 <b>Test Taking/Study Skills</b>	\$225	\$225	\$225
3:20-5:20 <b>Activity Group</b>	\$100	\$100	\$100
<b>Total Fee*</b>			
Type of Card _____ Card Number _____ Expiration Date _____ CVC _____			
*A non-refundable \$50 per class fee will be billed to the credit card at the time of registration. The remainder of the fees will be billed to the credit card 2 weeks prior to the first day of the session scheduled.			

Student Name \_\_\_\_\_ Rising Grade \_\_\_\_\_

Current School \_\_\_\_\_ Birth Date \_\_\_\_\_

List any food allergies: \_\_\_\_\_

Parent Contact Information

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact's phone \_\_\_\_\_ Contact's email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

2<sup>nd</sup> Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Contact's phone \_\_\_\_\_ Contact's email \_\_\_\_\_

Concerns \_\_\_\_\_