

Rose Summer 2026 Registration

Rising 1st – 4th 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 1-June 12	Session 2 June 15-June 26	Session 3 July 6-July 17
7:30 – 8:15 Math Skills or ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA
8:15 - 11:15 Reading & Writing	\$485	\$485	\$485
11:15 – 11:40 Lunch & Free Play	Bring lunch	Bring lunch	Bring lunch
11:40-2:00 Math Counts	\$385	\$385	\$385
2:15-3:10 Spelling, ELA Skills	\$295	\$295	\$295
3:10-5:20 Activity Group	\$125 <input type="checkbox"/> Crochet Class \$50	\$125 <input type="checkbox"/> Crochet Class \$50	\$125 <input type="checkbox"/> Crochet Class \$50
Total Fee*			
Type of Card _____	Card Number _____		
Expiration Date _____		CVC _____	
<small>*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.</small>			

List what you hope your student will gain from attending the summer academic camp at Rose Academy. Include any food allergies or medical concerns:

 Student Name _____ Rising Grade _____

 Current School _____ Birth Date _____

 Contact name _____ Relationship _____

 Contact's phone _____ Contact's email _____

 Address _____ City _____ St _____ Zip _____

 2nd Contact name _____ Relationship _____

 2nd Contact's phone _____ Contact's email _____

Rose Summer 2026 Registration

Rising 5th – 9th 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 1-June 12	Session 2 June 15-June 26	Session 3 July 6-July 17
7:30 – 8:15 Math Skills or ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA	\$225 <input type="checkbox"/> Math Skills <input type="checkbox"/> ELA
8:15 - 11:15 Reading & Writing	\$485	\$485	\$485
11:15 – 11:40 Lunch & Free Play	Bring lunch	Bring lunch	Bring lunch
11:40-2:00 Math Counts	\$385	\$385	\$385
2:15-3:10 Spelling, ELA Skills	\$295	\$295	\$295
3:10-5:20 Activity Group	\$125 <input type="checkbox"/> Crochet Class \$50	\$125 <input type="checkbox"/> Crochet Class \$50	\$125 <input type="checkbox"/> Crochet Class \$50
Total Fee*			
Type of Card _____	Card Number _____		
Expiration Date _____		CVC _____	
<small>*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.</small>			

List what you hope your student will gain from attending the summer academic camp at Rose Academy. Include any food allergies or medical concerns:

Rose Summer 2026 Registration

Rising 7th-11th 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 1-June 12	Session 2 June 15-June 26	Session 3 July 6-July 17
11:40-2:00 Algebraic Concepts	\$395	\$395	\$395
2:15-3:10 Literary Analysis	\$370	\$370	\$370
3:10-4:20 Geometry Concepts	\$370	\$370	\$370
Total Fee*			
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.			

List what you hope your student will gain from attending the summer academic camp at Rose Academy. Include any food allergies or medical concerns:

Student Name _____ Rising Grade _____

Current School _____ Birth Date _____

List any food allergies: _____

Contact name _____ Relationship _____

Contact's phone _____ Contact's email _____

Address _____ City _____ St _____ Zip _____

2nd Contact name _____ Relationship _____

2nd Contact's phone _____ Contact's email _____