

Application for Summer Camp 2014

Please select which weeks your child will be in attendance (minimum 2 weeks).

June	July		August		
June 9-June 13	July 7 - July 11		Aug 4- Aug 8		
June 16-June 20	July 14-July 18		Aug 11-Aug 15		
June 23-June 27	July 21-July 25		Aug 18-Aug 22		
June 30- July 4	July 28-Aug 1				
Desired Weekly Schedule + Tui	ition				
Half Day w/ lunch (8:30 – 12:30), \$135)				
Full Day (8:30 – 3:00, \$185)					
Extended Day (8:30 – 6:00, \$22	5)				
Early drop off service (7:45 am	to 8:30, \$25)				
If not enrolled for 2013-2014 so dated).	chool year, please in	clude a \$25 applicati	on fee (check #		
Student Information					
Child's Full Name & Current Ag	e				
Nick name/common name	ne/common name Date of Birth Gender				
Home Address					
Home Phone					
Mother's Name					
Mother's Mobile Phone	P	Mother's Office Phon	e		
Mother's Email:					

Fathar's Mahila Dhana			
rather's Mobile Phone _		_ Father's Office Phone	
Father's Email:			
-	IS allowed to pick your child		
	vill be released only to the p		
	Home #:		
2)	Home #:	Work #:	Can pick up?
3)	Home #:	Work #:	Can pick up?
Child's Physician:		Phone #:	
My child has the followir	ng special need(s):		
The following special acc	commodation(s) may be requ	lired to most effectively m	eet my child's needs at
	commodation(s) may be requ	·	eet my child's needs at
		·	eet my child's needs at
The following special acc		·	eet my child's needs at

hat is most challenging for your child? (ie. being patient, staying on task, expressing frustration)
there any other pertinent information that could facilitate the care and education of your child?
ease list any school(s) your child has attended and reason for leaving:

Next, please visit RenaissanceScholars.com/Forms (password is welcome) for the appropriate downloadable forms. Please submit them at least five business days prior to your child's first day of Camp.