

2010 Summer Programs Registration Form

- ◆ Please carefully read and complete all sections (both sides) of this form.
- ◆ Please send completed application materials to Groves Academy by April 30, 2010. Morning program fees on applications received by this date are discounted from \$1825 to \$1775. There is no fee adjustment for afternoon classes. Registration is processed on a first-come, first-serve basis; early registration is encouraged. See the back of this page for full-day discount information.
- ◆ Please submit separate application forms for each child; you may duplicate this form.
- ◆ Please enclose a \$25 non-refundable application fee for each student. This fee is not applied to class fees.
- ◆ You may register in person, by fax, or by mail. We cannot take registration over the phone. Please send completed forms to:
Groves Academy, Attn: Summer Programs
3200 Highway 100 South, St. Louis Park, MN 55416
Fax: 952.920.2068
- ◆ Groves Academy reserves the right to cancel a class or session due to inadequate enrollment, in which case tuition is refunded.
- ◆ For students who have been accepted for the 10/11 school year at Groves Academy, financial aid and payment plan options are available; contact the Business Office at 952.920.6377 for more information.
- ◆ Payment is due in full on June 1, 2010. Refunds will not be given after that date.

General Information

Name of student _____ Boy/Girl _____ Birthdate _____ Age _____

Name of parent/guardian 1 _____ Name of parent/guardian 2 _____

Home address 1 _____ Home address 2 _____

City, State, Zip _____ City, State, Zip _____

Phone 1: Home _____ Work _____ Phone 2: Home _____ Work _____

Phone 1: Cell _____ Phone 2: Cell _____

Email _____ Email _____

Best daytime contact (in case of emergency) _____

Child's current school _____ Grade in Fall 2010 _____

Has your child attended Groves Summer School before? Yes (when? _____) No

How did you hear about Groves Summer School? Please check all that apply. This brochure Workshop Website Email

Friend/relative Newspaper Other _____

Medical Information

Please describe any medical conditions that we should be aware of (including allergies and medications).

Family Doctor _____ Phone _____

Permission Statements

My/our child has permission to participate in field trips, recreational activities and other school-sponsored activities planned by Groves Academy. I/we understand that all groups will be accompanied by a staff member or other responsible adult, and that my/our child will ride in the school van, a staff or parent-driven car, or with a transportation service to and from field trip sites. I/we understand the arrangements and believe necessary precautions and plans for the care and support of the student will be taken. Beyond this I/we will not hold the school or those supervising the activity responsible. Groves Academy may use pictures of my/our child in the Summer Programs brochure or other publications unless I/we advise otherwise in writing. I have read the Important Registration Information on page 4.

Parent signature _____ Date _____

Emergency Information

Persons to call in case of emergency, when parents cannot be reached:

Name _____ Name _____

Relationship _____ Relationship _____

Home phone _____ Home phone _____

Work/Cell phone _____ Work/Cellphone _____

In case of a medical emergency, I/we understand every effort will be made to contact parents or guardians. In the event that I/we cannot be reached, I/we understand that my/our child will be transported to Methodist Hospital, unless otherwise specified.

Parent signature _____ Date _____

2010 Summer Programs Registration Form continued

Academic Information

Has this child been diagnosed with: LD Dyslexia ADD/ADHD NLD Other _____

Reading level _____ Writing level _____ Math level _____

Please describe the area/s in which your child is having difficulties. Please be as specific as possible, as this will help in the placement of your child. Please enclose a copy of your child's most recent cognitive and achievement testing. Other relevant school information such as an IEP would be very helpful as well. _____

Morning Program Registration

Check box if registering	Dates	Days	Time	Subject areas	Fee
<input type="checkbox"/>	June 21 - July 16 (no class July 5th)	Monday - Friday	9am - 12pm	Reading/spelling, writing, math	\$1,825

Before and After School Care Registration

Check box if registering	Dates	Days	Time	Subject areas	Fee
<input type="checkbox"/>	June 21 - July 2	AM Monday - Friday	7:30am - 9am	Before School Care	\$50
<input type="checkbox"/>	June 21 - July 2	PM Monday - Friday	3:30pm - 5pm	After School Care	\$50
<input type="checkbox"/>	July 6 - July 16 (no class July 5th)	AM Monday - Friday	7:30am - 9am	Before School Care	\$50
<input type="checkbox"/>	July 6 - July 16 (no class July 5th)	PM Monday - Friday	3:30pm - 5pm	After School Care	\$50

Afternoon Program Registration

Class #	Title	Weeks	Time	Fee

Full-day discount! Take a \$75 discount for every two weeks that a student is enrolled for a full day (9am - 3:30pm).

Please make checks or money orders payable to Groves Academy.

- I have enclosed a check for the \$25 application fee
- Please charge my credit card for the \$25 application fee : VISA MasterCard ** (see below)

I will send a check for the Total Class Fees* by June 1, 2010

Please charge my credit card for the Total Class Fees* on June 1, 2010: VISA MasterCard

** Card number _____ Expiration Date _____

Name on card _____ Signature _____

Check here if credit card billing address is the same as home address on page 5.

Subtotal
(Morning, Before/After School Care, Afternoon sections) \$

AM program early registration discount - \$
(Before April 30 deduct \$50)

Full-day discount - \$
(\$75 per 2 week afternoon session - Max discount \$150)

***Total Class Fees** \$

Registration Checklist

Have You...

- Completed all sections on both sides of the registration form, including signing the registration form in each of the required areas?
- Included a \$25 application fee for each student registration?
- Enclosed a copy of your child's most recent cognitive and achievement testing?
- Given the teacher recommendation form to your child's current classroom teacher?