

High Point Academy 2018 Summer Registration

Student Name _____ **Grade Entering in September 2018** _____

Address _____ **City** _____ **Zip** _____

Parents/Guardians

Name _____ Phones () _____ Hm/Cell/Wk () _____ Hm/Cell/Wk _____

Address (if different from above) _____ City _____ Zip _____ Email _____

Name _____ Phones () _____ Hm/Cell/Wk () _____ Hm/Cell/Wk _____

Address (if different from above) _____ City _____ Zip _____ Email _____

Summer Camp Tuition and Fees:

- ◆ **Non-refundable Registration \$50.00**
- ◆ **Non-refundable deposit \$325.00 – applied to first class**
- ◆ **Revvin’ for Review \$650 each** (considered 2 classes)
- ◆ **Grades 6-8 CIT Program \$650** (2 block clinic + CIT for at least 2 additional classes Summer Club Care can be included)
- ◆ **Summer Club Care \$400.00** (All students not picked up by 3:00pm will be billed \$6.00 per half hour.)

FOR OFFICE USE ONLY

Period	Time	First Choice Classes	Second Choice Classes	Price per class	Total Fee
1	9:00 – 9:45				
2	9:50 – 10:35				
Break	10:35 – 10:55				
3	10:55 – 11:40				
4	11:45 – 12:30				
Lunch	12:30 – 1:15				
5	1:15 – 2:00				
6	2:05 – 2:50				
	3:00 – 6:00	Summer Club Care		\$400	
				Registration Fee	\$50
				Sub total	
				Total	

Please indicate what size t-shirt your child wears:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Please complete this registration for each student.

Classes have a limited enrollment, and are filled on a first come, first served basis. We reserve the right to withdraw courses for which there are not a minimum number of applicants. Grade levels listed in the class description are for the student’s grade level in September 2018. Special permission of the instructor is required to waive the grade level requirement for enrollment in a particular class.

Emergency Medical / Permission Information

Medical Conditions _____

Allergies to drugs, food, or insects _____

Emergency Contacts (other than parents):

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Family Physician _____ Phone (_____) _____

Should it become necessary for my child to have emergency medical treatment, I hereby give High Point Academy personnel permission to use their judgment in obtaining medical services for my child. I give permission to the physician selected by High Point Academy personnel to render medical treatment deemed necessary and appropriate by the physician.

I hereby permit my child to participate in school sponsored field trips during Summer Camp.

Parent's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

High Point Academy admits students of any race, color, national or ethnic origin, or physical handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, or sexual orientation in administration of its educational policies, admission policies, financial aid programs, and athletic and other school-administered programs.

Note that registration cannot be completed until this form, the \$50.00 registration fee, and \$325.00 tuition deposit are received. Make checks payable to High Point Academy. Families will be billed for the remainder of the tuition and fees on May 31, 2018. *Students may not begin summer camp until all tuition and fees are paid in full.*

HIGH POINT ACADEMY DOES NOT PRORATE SUMMER TUITION FOR ANY REASON

All non-High Point students must provide proof of immunizations before the start of summer camp. No refunds or adjustments will be made after May 1, 2018.

Send this registration with your check to:

High Point Academy
1720 Kinneloa Canyon Road
Pasadena, CA 91107

Steve Sisson
Summer Camp Director
626.798.8989 Ext. 46
ssisson@highpointacademy.org