



SIERRA SCHOOL
2012 Summer School Application
220B Blake Avenue
Santa Clara, CA 95051
(408) 247-4740

Please enroll my child in the following summer school program:
 (Applicants include kindergarten through sixth grades).

First Session: (4 weeks – June 18 through July 13) **(July 4th is a Holiday)**

<input type="checkbox"/> Full Day	9:00-6:00	\$1,295.00 (includes morning care starting at 7:00 am)
<input type="checkbox"/> A.M.s Only	9:00-1:00	\$ 895.00 (includes morning care starting at 7:00 am)
<input type="checkbox"/> P.M.s Only	1:00-6:00	\$ 895.00

Second Session: (4 weeks – July 16 through August 10)

<input type="checkbox"/> Full Day	9:00-6:00	\$1,295.00 (includes morning care starting at 7:00 am)
<input type="checkbox"/> A.M.s Only	9:00-1:00	\$ 895.00 (includes morning care starting at 7:00 am)
<input type="checkbox"/> P.M.s Only	1:00-6:00	\$ 895.00

Please complete the enclosed academic form and return this entire application with a payment of \$85.00 (non-refundable registration fee). Full payment is due the Friday before the start of each session (June 15th and July 13th). A \$50.00 fee will be charged for late payments. No refunds will be given after the start of a session.

25% sibling discount. A \$50.00 service charge/bank fee will be issued when a check is returned from the bank. Early drop off starts at **7:00 a.m.**

CHILD'S NAME: _____ AGE: _____
 SEX: _____ LAST GRADE COMPLETED: _____ DATE OF BIRTH: _____
 PARENTS' NAMES: _____ HOME PHONE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 #1 PARENT WORK #: _____ #1 PARENT CELL #: _____
 #2 PARENT WORK #: _____ #2 PARENT CELL #: _____

IN CASE OF AN EMERGENCY (if parent not available) PLEASE NOTIFY:

 (Name) _____ (Phone)

SIGNIFICANT HEALTH HISTORY: _____

DOCTOR: _____
 (Name) _____ (Phone)

By signing this application, I understand and agree: (Please initial each line and sign form below)

_____ That I hereby consent to the transportation of my child for any school-sponsored field trips or activities. Sierra School has my permission to obtain first aid or medical services.

_____ That I give permission for my child filmed/photographed/interviewed for new advertising and future marketing of Sierra School and I understand that my child's name will not be used at any time

_____ That I have read and agree with the financial obligations and the policies of Sierra School.

DATE: _____ PARENT/GUARDIAN'S SIGNATURE: _____

FOR OFFICE USE ONLY
**DATE APPLICATION RECEIVED* _____