



**SIERRA SCHOOL**  
**2018 Summer School Application**  
**220 Blake Avenue**  
**Santa Clara, CA 95051**  
**(408) 247-4740**

<b>Office Use Only:</b>	
Date Received	_____
Paid Deposit	_____
Billed	_____
T-shirt / Size Given	_____
Paid in Full	_____

Please enroll my child in the following summer school program:  
 (Applicants include K-6<sup>th</sup> grades).

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

_____ Full Day	9:00-6:00	\$1,660.00 (includes morning care starting at 7:00 am)
_____ A.M.s Only	9:00-1:00	\$1,175.00 (includes morning care starting at 7:00 am)
_____ P.M.s Only	1:00-6:00	\$1,175.00

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

_____ Full Day	9:00-6:00	\$1,660.00 (includes morning care starting at 7:00 am)
_____ A.M.s Only	9:00-1:00	\$1,175.00 (includes morning care starting at 7:00 am)
_____ P.M.s Only	1:00-6:00	\$1,175.00

**Please complete the enclosed academic form and return this entire application with a payment of \$125.00 (non-refundable registration fee). If you submit your application by Friday, April 13, 2018 your registration fee will be applied towards your program cost.** 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: \_\_\_\_\_

T-SHIRT SIZE: (Circle one): **Youth:** Small / Med / Large/ XL **Adult:** Small / Med / Large / XL

PARENTS' NAMES: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

#1 PARENT WORK #: \_\_\_\_\_ #1 PARENT CELL #: \_\_\_\_\_

#2 PARENT WORK #: \_\_\_\_\_ #2 PARENT CELL #: \_\_\_\_\_

#1 Email Address \_\_\_\_\_ #2 Email Address \_\_\_\_\_

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: \_\_\_\_\_