



Cardinal School, Inc.

A Home School Cooperative

REGISTRATION FORM

2019 SUMMER ACADEMIC ENRICHMENT PROGRAM

JUNE 10-28 & JULY 8-26, 2019

(DROP OFF WILL BE NO EARLIER THAN 8:00 AND PICK UP NO LATER THAN 2:00)

FULL NAME: _____
Last First Middle

Date of Registration: _____ Date of Birth: _____

Address: _____
Street City State Zip

I would like my child to attend the following (select one):

- Session 1: June 10– 28, 2019
- Session 2: July 8 – 26, 2019
- Both Session 1 and Session 2

How many days per week would you like your child to attend (select one):

- Full-time (3 to 5 days/week; \$275 weekly)
- Part-time (1 to 2 days/week; \$200 weekly)

Are you interested in additional Behavioral ABA Therapy in the afternoons? Yes No

How did you hear about us? _____

PARENTS/GUARDIANS

Parent/Guardian - 1

Parent/Guardian - 2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

TELL US ABOUT YOUR CHILD

Date of Birth: _____ Current Grade (2018-2019): _____ Gender: M F

School Currently Attending: _____

Please indicate your child's abilities in the following areas with a check mark:

Academic Subject	Strong	Average	Needs Improvement	Comment
Reading				
Writing				
Math				
Spelling				
Functional Skills				

Please describe your child's learning differences and/or any diagnosed learning disabilities.

Please describe your child's interests and non-academic areas of strength.

Please describe any concerns you have regarding your child's social, emotional, or behavioral functioning, or any past history of difficulties in this area. Please list any disciplinary actions taken at his/her current or prior schools, if any.

MEDICAL HISTORY

Please describe any current or prior medical conditions which affect your child.

Please list any medications your child is currently taking and the reason for which they were prescribed.

Please list allergies, special medical or dietary needs, and other areas of concern:

By signing this form, you agree that payment will be made weekly for the full amount the week preceding services.

Signature of Parent/Guardian _____
Date

Thank you for registering for the 2019 Summer Academic Enrichment Program!

Please send a copy of this completed form along with a \$150 annual registration fee (or \$100 for current Cardinal School students) payable to Cardinal School, Inc. by May 1, 2019

Beginning summer 2019, Cardinal will no longer accept cash payments. Payments can be made using debit/credit card, personal checks, certified checks, or money orders. Thank you.

We look forward to seeing you soon!