

# Summer School

Student Name (last, first middle): \_\_\_\_\_

Student Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  New or  returning student?

### Parent/Guardian contact information

Name:	Phone:
Relationship to student:	email:

Name:	Phone:
Relationship to student:	email:

### Tuition and Fees

<u>Summer School Tuition</u>	Half-day 9am to 12:30pm	All-day 9am to 3:00pm	<u>Other Fees</u>
5-day plan	\$950/month	\$1,150/month	Early Drop-Off (8:30am to 9am): <b>Free</b> After-Hours Care (3:00pm to 5:30pm): <b>\$80/week</b> or <b>\$20/day</b> Supply fee (one-time fee): <b>\$50</b> Registration fee: <b>\$80/new</b> or <b>\$30/returning</b> New students need to complete additional paperwork.
4-day plan	\$850/month	\$1,050/month	
Weekly plan		\$325/week	

<b>Option 1: Choose month</b> ___ June Half-day ___ June All-day ___ July Half-day ___ July All-day	<b>Option 2: My child will attend for</b> ___ 1 month ___ 2 months ___ week(s) Please list which week(s) attending:
Please list dates for After-Hour Care:	

**Total Tuition & Fees:** \_\_\_\_\_ **Check #** \_\_\_\_\_

I waive any right to claim against Maylan International Academy owners, staff, teachers, or Briarcliff Baptist Church in the event of accident, injury, or loss of personal items and hereby give permission to the same to obtain medical services for my child in the event of a medical emergency or injury. I grant to Maylan International Academy, its representatives and employees, the right to take pictures, video, or audio recordings of my child and to copyright, publish, and use the same, with or without my child's name, in print or electronic form for purposes such as publicity, advertising, illustration, or web content.

**Parent/Guardian Signature**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_