



Blake

IN THE  
**Summer**  
TIME



Hello Summer!

# Blake

## To-Do-List



A. Beaching (Mon. - Fri. (as the weather permits 1 - 3pm)  
Camping  
Tent making  
Swimming (days to be announced)



B. Soccer - (Mon. - Fri. (as the weather permits)

C. Places we visit - 1 Field Trip Per Week (Cost Not Included)



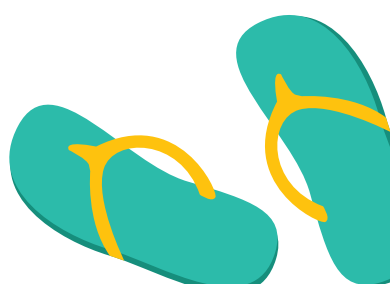
E. Math - Mon. - Fr. (1 hr. Morning Session)



D. Creative Writing - (Mon. - Fri. 30 minute morning session)



F. Tennis (1 day per week as weather permits)





# Parent Authorization Form

**Please print all information clearly**

Name of Student: \_\_\_\_\_ Today's Date \_\_\_\_\_

The BlakeAcademy does not discriminate on the basis of race, color, sex, handicap, religion or national origin. The BlakeAcademy reserves the right at its sole discretion to refuse an application or dismiss a child from its summer program. No refund will be made of fees if the child has attended any portion of the program period.

Parent/Guardian's Signature: \_\_\_\_\_

I give BlakeAcademy permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at BlakeAcademy and can be used for promotional purposes without notification.

Parent/Guardian's Signature: \_\_\_\_\_

I give permission for BlakeAcademy to transport my child off property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: \_\_\_\_\_

I authorize management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the student involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: \_\_\_\_\_

Hospital preferred \_\_\_\_\_

By signing below, I agree to adhere to all the Policies and Procedures set forth by BlakeAcademy.

Parent/Guardian's Signature: \_\_\_\_\_

**I understand and accept these guidelines**

# Student's Medical Information Form

**Please print all information clearly**

The medical background of each student is required as part of the program's registration process. The director must be advised in writing of any condition that would limit the student's ability to participate in any program.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician's Name \_\_\_\_\_

Phone number \_\_\_\_\_

Date of last physical \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medical conditions \_\_\_\_\_

List of past medical treatments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all current medications regardless of whether it needs to be taken daily or not: \_\_\_\_\_

Will your child need to take any prescription medications while in our programme? Yes \_\_\_\_\_ / No \_\_\_\_\_

**If yes, please request a medical dispensing form. Return the form and medication in a ziploc bag with your child's name on it on the first day that they attend.**

Allergies: (Please put N/A if your child does not have an allergy)

Food \_\_\_\_\_ Medication \_\_\_\_\_

Insect \_\_\_\_\_ Other \_\_\_\_\_

Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide us with an Epi-pen to be kept on property during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons:

\_\_\_\_\_  
\_\_\_\_\_



Select Your SummerTime Dates:

**Option 1:- 2 weeks Full Days Sessions**

2 weeks cost is \$350.00 - **TIME:-** 8:00 a.m. - 2:30 p.m. (Doors open at 7:30 a.m.)

- June 19 - June 30th \_\_\_\_\_ 2 weeks - \$350.00
- July 3rd - July 14th \_\_\_\_\_ 2 weeks - \$350.00
- July 17th - July 28th \_\_\_\_\_ 2 weeks - \$350.00



**Option 2:- 4 weeks Full Days Sessions**

4 weeks @ \$600.00 (\$150.00 weekly discount) **TIME:-** 8:00 a.m. - 2:30 p.m.

- June 19 - July 14th \_\_\_\_\_ 4 weeks - \$600.00

**Option 3:- 6 weeks Full Days Sessions**

6 weeks @ \$900.00 (\$150.00 weekly discount) **TIME:-** 8:00 a.m. - 2:30 p.m.

- June 19 - July 28th \_\_\_\_\_ 6 weeks - \$900.00

**Option 4:- 2 weeks or 4 weeks Half Day (!/2) Sessions**

**Sessions:-** 8am - 12pm or 11:30am - 3:30 pm -

**\$200 Per 2 Week Sessions**

**\$400 Per 4 Week Sessions**

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