



THE LAUREL HILL SCHOOL SUMMER PROGRAM 2012

ACADEMIC CENTER FOR ENRICHMENT (ACE)

Family _____
 Last Name _____ Home Phone _____ Mother's Cell Phone _____ Father's Cell Phone _____
 Home Address _____
 Street _____ Town _____ Zip _____
 Preferred E-mail Address for Correspondance _____

CAMP ENRICHMENT REGISTRATION PROCEDURES & REMINDERS:

- (1) Complete the online application located at: www.laurelhillschool.org.
- (2) Members of the Enrichment Program need to indicate their course selections **online**.
- (3) Complete this form and return with **necessary fees per child** (refundable until April 1st)

CAMPER 1

Has child attended Laurel Hill Camp previously?
 YES NO *If yes, how many summers? _____
 Will child attend the regular camp (not the Enrichment Program)?
 YES NO
 DOB ____/____/____ Sex ____ Age ____ Grade Sept 2012 ____

CAMP SESSION . PLEASE INDICATE LA OR MATH

- 2 weeks (EPJA) _____ July 2 – July 13
 2 weeks (EPJB) _____ July 16 – July 27
 2 weeks (EPAA) _____ July 30 – Aug. 10
 2 weeks (EPAB) _____ Aug. 13 – Aug. 24

**COST PER SESSION: \$150/per week (LHS Camper)
 \$175/per week (NON LHS Camper)**

TIME SELECTED (45 minute session)

LANGUAGE ARTS		MATH	
Grade	Time-tentative	Grade	Time tentative
<input type="checkbox"/> 4/5	9:00	<input type="checkbox"/> 2/3	9:00
<input type="checkbox"/> 2/3	10:15	<input type="checkbox"/> 4/5	10:15
<input type="checkbox"/> K	11:30	<input type="checkbox"/> 1	11:30
<input type="checkbox"/> 1	1:30	<input type="checkbox"/> K	1:30

CAMPER 2

Has child attended Laurel Hill Camp previously?
 YES NO *If yes, how many summers? _____
 Will child attend the regular camp (not the Enrichment Program)?
 YES NO
 DOB ____/____/____ Sex ____ Age ____ Grade Sept 2012 ____

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<input type="checkbox"/> 1	1:30	<input type="checkbox"/> K	1:30

REFUND POLICY FOR WITHDRAWAL ON OR AFTER JUNE 8TH:

- **ONE WEEK WRITTEN NOTICE** prior to withdrawal date is required. Refunds are not made for the week the notice of withdrawal is received. Phone withdrawals are not accepted.
- Refunds **less deposit** will be made at a rate of **50%** of the remaining balance of tuition.
- No make-up days or refunds for absence due to illness, vacations, or for school closings due to inclement weather or other emergencies.

Parent/Legal Guardian Signature _____ Date _____

For Office Use Only

Session _____ Time _____ LA _____ Math _____
 Date _____ Check #: _____ Amount _____