

SUMMIT SCHOOL 2008 SUMMER PROGRAMS APPLICATION

Please fill out one application per child • Extra applications are available at summitschool.com or at Summit's Main Office • 336-722-2777
Registration Deadline – May 1, 2008. You may check camp availability online at www.summitschool.com/summer.

Student's first name (or preferred nickname) _____ Last name _____ Birthdate ____/____/____ Gender _____

Street Address _____ City _____ State _____ Zip _____

Parent 1: Name _____ Home _____ Cell _____ Business _____

Parent 2: Name _____ Home _____ Cell _____ Business _____

Please indicate best daytime phone number with a star*. Current School _____ Grade Level for 2008-2009 _____

Emergency contact (if parent unavailable) Name _____ Relationship to camper _____ Phone Number(s) _____

Please list any allergies, school-related diagnoses, medical conditions, medications _____

To comply with privacy regulations, Summit School will only disclose student Protected Health Information (PHI) with written authorization from parent(s) or legal guardian(s).

A nonrefundable deposit of \$100 is required for each camp (\$200 for Music, Mind and Reading). After May 1, submit total payment including \$100 nonrefundable deposit.

To participate in any camp, the balance of tuition is due by June 1, 2008. Please make checks payable to: Summit Summer

Deliver or mail to: Summit Summer • 2100 Reynolda Road • Winston-Salem, NC 27106

Dates	Course Name	Before Camp Program \$25	After Camp Program \$100 Expected departure time	Fees per Week
June 23-27				
July 7-11				
July 14-18				
July 21-25				
July 28-August 1				

Chess I only: ___ beginner ___ intermediate

Chess II only: ___ intermediate ___ advanced ___ USCF member number _____

Total Fees

Amount enclosed

Balance due by June 1

I understand that Summit School **does not** carry medical insurance on participants. My child has permission to travel on school-approved transportation while enrolled in any of the summer program activities. I authorize the school to consent to emergency treatment of my child. I understand that my child may be included in media coverage of summer camps.

Signature of Parent/Guardian _____ Date _____

How did you find out about Summit Summer? _____ Please send me information about admission to Summit School _____