



Sylvan 2017 Summer Camp

SIGN UP TODAY!

Name of Parent: _____

Name of Student: _____

Student D.O.B _____ School: _____

Mailing Address: _____

Phone #: _____

Email Address _____

Grade attended this **past year (2016-2017)**: _____

Promoted to grade **next year (2017-2018)**: _____

How did you hear about Sylvan Camps? _____

**Please tell us which camp(s) you've selected.
Include the date(s) and time(s) that camp is offered below:**

* _____ *

Please **read and initial** our policies:

Attendance: Students are required to attend scheduled classes. If your student misses a class; he/she will resume instruction with the next scheduled session; Sylvan cannot provide a make-up class or a refund. _____

Behavior/Dress Code: Appropriate dress and behavior are expected. Sylvan has the right to remove a student for inappropriate behavior and/or dress attire. _____

Responsibility: Students must attend and participate consistently to learn and apply strategies. Please arrive promptly! _____

Schedule: Sylvan reserves the right to alter the course content and schedule as necessary. We require a minimum of 3 students to form a camp. _____

Parent Signature: _____

Admin. Signature: _____ Date _____

***Due to limited space make-up classes and refunds are not available.
Payment in full is due at time of registration.**

_____ \$ TOTAL FEE DUE _____ VISA _____ MASTERCARD _____ DISCOVER _____ CK# _____ CASH

I give permission for pictures/videos to be taken of my child to be used in email communications sent to families in his/her class. Footage will not be used for any other reason or shared with persons outside of your student's class.

Parent/Guardian Name: _____ Date: _____