



Application for Enrollment

Return completed application along with \$75 non-refundable application fee. Make checks payable to *Summer at Crossroads*. If paying by credit card, please supply necessary information on the reverse side. Upon receipt of application and fees, a screening will be scheduled to determine appropriate placement.

Student's Name _____ Nickname _____

Street _____

City _____ State _____ Zip Code _____

Date of Birth _____

Please indicate which programs you are requesting:

- Reading/Language Arts (8:30 a.m. - 10:30 a.m. for 5 weeks)
- Mathematics (10:45 a.m. - 11:30 a.m. for 5 weeks)
- Speech/Language Instruction (You will be contacted regarding scheduling)
- Occupational Therapy (You will be contacted regarding scheduling)
- Lunch Bunch Program (11:30 a.m. - 12:30 p.m. for 5 weeks) **Choose one:** 3 days/wk 5 days/wk
- Recreation Program (11:30 a.m. - 4:30 p.m., includes Lunch Bunch Program)

Parent's Name _____

Home Address (if different from above) _____

Home Telephone _____ Business Telephone _____

Cell Telephone _____ E-mail Address _____

Parent's Name _____

Home Address (if different from above) _____

Home Telephone _____ Business Telephone _____

Cell Telephone _____ E-mail Address _____

How did you hear about the *Summer at Crossroads* program? _____

Has your child attended the *Summer at Crossroads* program in the past? If so, when? _____

Education Information

Applicant's Present School _____

Address _____ Telephone _____

Grade _____ Principal/Head of School _____

List professionals (psychologists, speech/language therapists, tutors, etc.) who have worked with your child that we may contact.

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Please submit a copy of any evaluations (psychological, speech/language, occupational therapy, etc.) which have been done.

Medical Information

Family Doctor _____ Doctor's Telephone Number _____

Present medication, if any (indicate dosage, when given, prescribing physician, etc.)

Please explain any medical conditions of which we should be aware

Does your child wear Glasses Hearing Aid Other _____

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Parent's Signature _____ Date _____

Credit Card Payment Information	
CARD TYPE (Choose One):	Visa M/C American Express
NAME ON CARD:	
ADDRESS:	
CARD NUMBER:	
EXPIRATION DATE:	SECURITY CODE:
AMOUNT PAID:	

Permission to Use Photographic, Video & Web Images
The <i>Summer at Crossroads</i> program assumes permission to use images of its current and former students in promotional publications, on its website, in local newspapers, in videos, in manuals, and/or in teacher training research, unless prior written notification rescinding this authority is given by the students' parent(s), stepparent(s) or guardian(s).