

**American Learning Systems of Boca/Delray
d/b/a American Heritage Summer School**
6200 Linton Blvd. * Delray Beach, FL 33484
Phone: (561)495-7272 Ext. 257 * Fax: (561)495-1544

SI \$ _____	Date _____
SII \$ _____	Date _____
SIII \$ _____	Date _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> MC <input type="checkbox"/> V <input type="checkbox"/> AmEx	
(Office Use Only)	

Summer School Application 2008

Student Information (Please advise the office of any changes in information)

Last Name _____ First Name _____ Age _____ Sex: M ___ F ___ Date of Birth _____

Parent Information: Please be sure to provide all requested information.

Father's Name _____ Mother's Name _____
 Address _____ Address _____
 Home # _____ Work # _____ Home # _____ Work # _____
 Cell # _____ E-mail _____ Cell # _____ E-mail _____
 If parents are divorced/separated, who is custodial parent? _____

School Information

Grade Completed June 2008 _____ School Attended _____ School Telephone # _____
 Address _____
 Grade Entering August 2008 _____ School Attending _____ School Telephone # _____
 Address _____

Summer School Programs				
Elementary				
Grades PK3 - Grade 5 * Cost \$685.00 per 2-week session * Time: 8:30AM - 12:00PM				
_____ Required (Attendance is Mandatory)		_____ Enrichment		
_____ Session I	_____ Session II	_____ Session III	_____ Session IV	
6/9 - 6/20	6/23 - 7/3	7/7 - 7/18	7/21 - 8/1	
_____ Basic Skills Readiness (PK3 - K)		(No School 7/4)	_____ Basic Skills Reading, Math, English (Grades 1 - 5)	

English as Second Language (ESL)		
Grades 1 - 5 * Cost \$815.00 per 3-week session * 1st graders must be able to read in Native Language * Time: 8:30AM - 11:30AM		
_____ Session I	_____ Session II	_____ Session III
6/9 - 6/27	6/30 - 7/18	7/21 - 8/8
(No School 7/4)		

Summer School/Summer Camp Combination (Elementary Only)		
Cost \$1075.00 per 2-week session * Attend Summer School 8:30AM-11:30AM/Day Camp 11:30AM-3:30PM		
If you wish to enroll in this program please check: YES ___ NO ___		
SI ___	SII ___	SIII ___

Medical Information

Medical Insurance Carrier _____ Policy Number _____
Physician's Name _____ Phone Number _____
Is your student currently taking any medication? Yes No * If yes, please list _____
_____ My initials to the left authorize the School Nurse to administer to my student: Tylenol _____ Ibuprofen _____
Please list any information that you feel is important concerning student's medical background, allergies or
personality. _____

_____ If I cannot be reached, my initials to the left and my signature below authorize American Heritage Summer
School for emergency medical treatment, hospitalization, anesthesia, or necessary injections for my student and I
assume responsibility for payment of bills.

This authorization does not cover major surgery unless the medical opinions of TWO licensed physicians or
dentists concurring in the necessity for surgery are obtained prior to the performance of such surgery.

Enrollment and Payment

Enrollment & Registration Must Be Completed Ten (10) Days Prior To Class Start Date

Forms of Payment: Cash * Personal Check * Money Order * MasterCard * Visa * American Express

Please complete the form on the reverse side and check all information
concerning the program in which you wish to enroll.

Payment-in-full must accompany the student registration to be complete.

A current/final report card must be submitted upon registration.

Refund Policy

***Canceled Session** Notification that you are canceling a summer school session must be received in writing by
the following date:

May 15, 2008

*If cancellation is received in writing on or before the above date, a refund will be granted minus a \$100
processing fee.

*After **May 15th NO REFUND** request will be honored and all unpaid Summer School fees will be due.

*There is **NO REFUND** in the event the National Hurricane Center broadcasts a *Hurricane/Tropical Storm
Watch/Warning* for South Florida. In such an event American Heritage Summer School will cancel its program
for the duration of the Watch/Warning. No make-up days will be issued.

_____ My initials to the left indicate that I have read and agree to abide by the Summer School Refund Policy.

General Statement Policy

1. As Parents or Guardians, we agree that we will be responsible for any loss, damage or destruction by our
student to any property of The School or to any property for which The School is liable or chargeable.
2. American Heritage Summer School is hereby granted permission to use any individual or group photo showing
our student involved in school activities for advertising purposes.
3. We agree to pay American Heritage Summer School in full (at the published rate) for all services requested.
4. American Heritage Summer School may unilaterally dismiss a student should it determine that the conduct of
the student is not in the best interest of The School. There will be NO REFUND or credit of summer school fees.

My Signature Below Indicates That I:

*have read, understand and agree to abide by the Medical Information, Refund and General
Statement Policies

*authorize American Heritage Summer School to send a final report to my student's Home School

*and my student have read and agree to abide by the rules and regulations set forth in the Summer
School Admissions Packet

Mother's Signature _____ Date _____

Father's Signature _____ Date _____