



San Gabriel Mission Elementary School
Summer School
ENROLLMENT APPLICATION

Students(s):

#1 First Name: _____ **Last Name:** _____

Grade in Sept. 2019: _____

Cost: \$450

Choose a **first choice (1)** and **second choice (2)** for an Enrichment Class:

___ Art (grades K-3) ___ Science Fun (grades K-3) ___ Drama (grades 1-5)

___ Art (grades 4-6) ___ STEM/Coding (grades 4-8 & current 8th)

___ Knitting (grades 4-8 & current 8th) ___ Study Skills (grades 7-8 & current 8th)

#2 First Name: _____ **Last Name:** _____

Grade in Sept. 2019: _____

Cost \$400

Choose a **first choice (1)** and **second choice (2)** for an Enrichment Class:

___ Art (grades K-3) ___ Science Fun (grades K-3) ___ Drama (grades 1-5)

___ Art (grades 4-6) ___ STEM/Coding (grades 4-8 & current 8th)

___ Knitting (grades 4-8 & current 8th) ___ Study Skills (grades 7-8 & current 8th)

#3 First Name: _____ **Last Name:** _____

Grade in Sept. 2019: _____

Cost \$400

Choose a **first choice (1)** and **second choice (2)** for an Enrichment Class:

___ Art (grades K-3) ___ Science Fun (grades K-3) ___ Drama (grades 1-5)

___ Art (grades 4-6) ___ STEM/Coding (grades 4-8 & current 8th)

___ Knitting (grades 4-8 & current 8th) ___ Study Skills (grades 7-8 & current 8th)

***TOTAL DUE: \$** _____

PARENT/GUARDIAN 1

First Name: _____ Last Name: _____

Relationship to Student: _____

Email: _____

Best number to contact: _____

PARENT/GUARDIAN 2

First Name: _____ Last Name: _____

Relationship to Student: _____

Email: _____

Best number to contact: _____

DISMISSAL INFORMATION

Check one of the following:

1. ___ My child/ren (name/s) _____ will be picked up (promptly) each day by:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

-OR-

2. ___ My child will go directly to Gabe's Place after summer school.

-OR-

3. ___ My child will attend ___ Guitar, ___ Cooking or ___ Singing

AND THEN...

___ be picked up promptly ___ go to Gabe's Place

EMERGENCY CONTACT INFORMATION

In case of an emergency, and the camper's parents cannot be reached, please contact:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

Phone: _____

MEDICAL DISCLAIMER

San Gabriel Mission Elementary School does not have medical personnel on staff. In the event of a minor cut or injury, a member of our staff will apply band-aids or an ice pack. If a child complains of feeling ill, the parent/guardian or emergency contact will be called and asked to pick up their child as soon as possible. In the event of a severe injury or medical emergency, a staff member will call 911 immediately (and the parent/guardian or emergency contact will be notified immediately). The school will not administer any medication to students without written permission from a parent.

PERMISSIONS

I hereby give permission for my child/ren to participate in Summer School at San Gabriel Mission Elementary School.

My payment is enclosed in full.

I have read and agree to all terms, conditions and permissions on the enrollment application.

Parent name

Parent Signature

Date