Student Name__

Personal Information and Registration: PAYMENT IN FULL IS DUE UPON REGISTRATION

Child's Name:				
Age:D	ate of Birth:	Grade entering 9,	/20:	_Gender
Current School:				
Home Address:	:			
Home Phone _		Contact em	nail:	
Parent 1 name:		Parent 1 Cell:	Parent 1 work:	
Parent 2 name:		Parent 2 Cell:	Parent 2 work:	
Emergency cor	ntact if parent cann	ot be reached:		
Name:		Daytime phone:		
		Cell phone:		
		Medical Informatio	n	
My son/daughte	er	DOB	Grade	
	l activities. I can ve	's Summer Skills for Sucerify that my child has a d		, ,
Please list all kr	nown illnesses and	serious injuries:		
ls your child tak	king any medication	n at this time? If yes, ex	plain:	
Please list any a	allergies your child	may have:		
		e past 3 months) under a		′ N If
Doctor's name:			Phone #:	

Summer Skills Offerings 2020

			9		
HALF-DAY COURSES	Session 1 –	6/22 - 7/2*	Session 2 – 7/6 - 7	/17	Session 3 – 7/20 - 7/31
Reading Grades 5-6 - 8:30-10:30					
Writing Grades 5-6 - 10:30-12:30					
Reading Grades 7-8 - 8:30-10:30					
Writing Grades 7-8 - 10:30-12:30					
Math Skills 5-6 - 8:30-10:30					
Math Skills 5-6 - 10:30-12:30					
Pre-algebra Skills 6-8 - 8:30-10:30					
Pre-algebra Skills 6-8 - 10:30-12:30					
FULL-DAY COURSES	Session 1 –	6/22 - 7/2*	Session 2 – 7/6 - 7	/17	Session 3 – 7/20 - 7/31
Math Skills 5-6 - 8:30-12:30					
Pre-algebra Skills 6-8 - 8:30-12:30					
Advanced English Skills 9-10 8:30-12:30					
FULL-DAY COURSES		6	/22 - 7/31		For Credit Y/N**
Pre-Algebra Grades 6-8					
Algebra I Grades 7-9					
Algebra II Grades 9-11					
Geometry Grades 8-10					

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Studente r	MIICT CIAN IIR	tor ond	all marning i	COLIFED OF TWO	two-hour courses.
OLUGEI ILS I	HUƏL ƏIQIT UL		all Hibitilita (COUISE OF LWO.	two-noul courses.

is required for credit:		
Name:	Daytime phone:	
Email Address:		
	ss payment in full is due upon registration er 2-week session (\$360 for Session I) r 6-week session	
	Orders or Major Credit Cards accepted. d be made payable to: Montclair Kimberley Academy nex, Visa, Mastercard	
Account Number:	Expiration Date:	
restrict this right by advising the Com	Waiver some the right to use photographs of my child/children in school publications. Parents no nunications Office in writing within 30 days of the execution of this agreement. I have and I accept the terms of this agreement.	
Signature of parent/guardian:	Date:	

Please return this form with payment to:

Montclair Kimberley Academy 201 Valley Road, Montclair, NJ 07042 Attention: Summer Skills for Success or fax to 973-783-7989

^{*}Please note classes will not meet on Friday, July 3

^{**}Please provide the name/contact information below of your current teacher if a school recommendation is required for credit: