



# SUMMER PROGRAMS APPLICATION 2019

Please complete the following form and mail or deliver with registration fee to:

Royce Learning Center - Attn: Sally Greenberg  
4 Oglethorpe Professional Blvd. Savannah, GA 31406  
(912) 354-4047

**APPLYING FOR:** (Please check all that apply)

Today's Date: \_\_\_\_\_, 2019

Summer School

Enrichment Camp

Study Skills

June 17 – July 18

June 17 – July 18

Session I June 24 - 27

Summer School Pre-Testing Dates: 8:30am – 12pm

Session II July 8 - 11

Wednesday, June 12

Thursday, June 13

Name of Applicant: \_\_\_\_\_

Last

First

Middle

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Male  Female Ethnicity \_\_\_\_\_

Present Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Has your child attended Royce Learning Center in the past? \_\_\_\_\_ If YES, when? \_\_\_\_\_

Tutoring Center  Summer School  Enrichment Camp  Study Skills

How did you hear about our program?  Newspaper  Magazine  Website \_\_\_\_\_

Recommended by \_\_\_\_\_  Other \_\_\_\_\_

**FAMILY INFORMATION:**

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Father/Legal Guardian: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_



Student Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize Royce Learning Center to release and/or obtain copies of pertinent educational records on

\_\_\_\_\_  
(Student's Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Student: \_\_\_\_\_

I am aware that this program is not licensed by the State of Georgia, and that the program carries liability insurance. Royce Learning Center welcomes students without bias towards race, gender, religion or national origin.

**ACADEMIC INFORMATION**

Present Grade (Spring 2019): \_\_\_\_\_ Grade Placement for 2019-2020: \_\_\_\_\_

Is promotion to the next grade dependent upon Summer School attendance? \_\_\_\_\_

Does your child have an IEP (Individualized Education Program), special education classes or services?

Yes  No

***(If so, please provide copies of testing reports, IEP and other relevant information.)***

If so, which program do they attend? \_\_\_\_\_

How many hours per day? \_\_\_\_\_ What is the current teacher's name? \_\_\_\_\_

**REQUIRED:** Please describe in detail your child's academic concerns: ***Please do not leave blank.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's behavior in school:

\_\_\_\_\_  
\_\_\_\_\_



Student Name: \_\_\_\_\_

What specific skills need to be stressed this summer? ***Please do not leave blank.***

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What do you hope to see accomplished through our Summer Program? ***Please do not leave blank.***

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Current Teacher's Name: \_\_\_\_\_

Who should we contact at your child's school to get background information and expectations for next year?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MEDICAL BACKGROUND INFORMATION:**

Are there any medical conditions (food allergies, medications, etc.) that we should consider while your child is in Summer Programs?

Yes     No

If yes, please explain:

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***I certify that the above family, academic and medical information is true and correct. I understand that Royce Learning Center has the right to dismiss my child from the program if information is incorrect or not complete.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_





# APPLICATION FOR FINANCIAL ASSISTANCE

Partial scholarships are often available and are based on demonstration of financial need. To be considered for scholarship assistance, please complete this form and return to Royce Learning Center.

**A copy of Federal Income Tax form 1040\* MUST be submitted with this application for consideration.** Scholarships are based on need, and current available funding, and are not guaranteed.

Student Name: \_\_\_\_\_

Payer's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Payer's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Annual Income: Payer \_\_\_\_\_ Spouse: \_\_\_\_\_

Dependents (Living at home):

Name	Date of Birth (Month, Day, Year)
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

\* Additional Income (Child Support, Retirement, SSI, etc.): \_\_\_\_\_

\* Total Annual Income: \_\_\_\_\_

***I certify that the above employment, income and dependent information is true. I give Royce Learning Center permission to contact the people/agencies above to verify stated information. This information will be updated periodically and will remain in a confidential file.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_