

# SummerGATE Application for program at Lawton 2019

**Student Information:**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Current School \_\_\_\_\_  
 School Next Fall \_\_\_\_\_ Next Grade \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Child's T-Shirt Size \_\_\_\_\_  
 Check One:  Girl  Boy Sibling Enrolled?  Yes  No

*Office use only*

\_\_\_\_ date  
 \_\_\_\_ rec  
 \_\_\_\_ ✓  
 \_\_\_\_ bill  
 \_\_\_\_ cred  
 \_\_\_\_ log  
 \_\_\_\_ SGDB  
 \_\_\_\_ conf  
 \_\_\_\_ MDB  
 \_\_\_\_ cert  
 \_\_\_\_ BDC

**Grades K-5: Please check online for important eligibility information.**

*Payment information (check all that apply):*

I have attached a Check for the amount of tuition.  
 I authorize you to charge my Credit Card for the amount of tuition.  
 I authorize you to charge my credit card for Before- or After-School Activities, at the rate of \$10.00/hour. You must provide credit card information below.  
 Please send me an official receipt (for employee pre-tax plan or IRS use)

*Credit card information (circle one):*      Visa      Mastercard      Discover

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Expiration:          ID#:

Name as it appears on the card: \_\_\_\_\_  
*please print*

Signature \_\_\_\_\_

Classes may be cancelled due to insufficient enrollments. If so, full refund of tuition will be made. Due to major commitments for equipment and personnel, tuition cannot be refunded for any other reason after May 7, 2019 for Session I, and May 21, 2019, for Session II. Students voluntarily withdrawing on or before these dates, will receive full tuition refund less a \$100.00 service fee.

Parent's Name (print) \_\_\_\_\_  
 Day Phone (      ) \_\_\_\_\_ Eve Phone (      ) \_\_\_\_\_  
 Email \_\_\_\_\_

**Session I June 10-28, 2019**

Time	Exact Name of Class	Tuition
7:00-9:00	Before-Care Activities: <input type="text"/> Arrival Time: <input type="text"/> See Page 2*	*
9:00-10:10	-----	-----
10:10-11:20	-----	-----
11:20-12:30	-----	-----
12:30-1:00	Lunch (bring a bag lunch from home)	no separate fee
1:00-2:10	-----	-----
2:10-3:20	-----	-----
3:20-4:30	-----	-----
4:30-6:00	After-Care Activities: <input type="text"/> Pick up Time: <input type="text"/> See Page 2*	*

Session I Total: \_\_\_\_\_

**Session II July 1-July 19, 2019**

Time	Exact Name of Class	Tuition
7:00-9:00	Before-Care Activities: <input type="text"/> Arrival Time: <input type="text"/> See Page 2*	*
9:00-10:10	-----	-----
10:10-11:20	-----	-----
11:20-12:30	-----	-----
12:30-1:00	Lunch (bring a bag lunch from home)	no separate fee
1:00-2:10	-----	-----
2:10-3:20	-----	-----
3:20-4:30	-----	-----
4:30-6:00	After-Care Activities: <input type="text"/> Pick up Time: <input type="text"/> See Page 2*	*

Session II Total: \_\_\_\_\_

Deduct Merit Scholarship, if eligible: \_\_\_\_\_

Deduct discount for paying by check, if applicable: \_\_\_\_\_

\*Visit [www.summergate.org](http://www.summergate.org) for information about the merit scholarship and check discount. **TOTAL DUE** \_\_\_\_\_

*Office use only*

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## Qualifying for SummerGATE (grades K-5)

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My child qualifies to apply for participation in SummerGATE because **(check only one)**:

- My child attended SummerGATE previously in \_\_\_\_\_ (year).
- My child is identified as "Gifted." (Please attach documentation.)
- My child scores at or above the 85th percentile in standardized tests.
- My child's present teacher recommends SummerGATE participation. (see below)

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## Teacher Recommendation

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I recommend \_\_\_\_\_ (child's name) for SummerGATE. I believe a program for capable learners is an appropriate placement for this youngster.

Teacher's name: \_\_\_\_\_ School: \_\_\_\_\_

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

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## SummerGATE Buddies

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If you want to be in a class with a friend, please list his/her name below. We will do our best to accommodate your request.

\_\_\_\_\_  
(friend's first and last name)

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## Alternate Class Choices

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We do our utmost to place SummerGATE students in their classes of choice in the requested order. Next, we try to place students in their classes of choice in a *different* order. Sometimes, however, we are unable to place a student in a particular class at any time. In such cases we can serve you better if you list classes you would like to take if your first choices (listed on the front of the form) are unavailable.

Please do not list any classes below that are already listed on the front of your application. This is an area to select BACK-UP choices.

Session I	If my other choices are full, please enroll me in: (name of Class)
<b>Morning Classes</b>	
1st Alternate Choice:	
2nd Alternate Choice:	
<b>Afternoon Classes</b>	
1st Alternate Choice:	
2nd Alternate Choice:	

Session II	If my other choices are full, please enroll me in: (name of Class)
<b>Morning Classes</b>	
1st Alternate Choice:	
2nd Alternate Choice:	
<b>Afternoon Classes</b>	
1st Alternate Choice:	
2nd Alternate Choice:	

\*Choose between the following 2 options for before/after care:

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### Pre-Paid: \$8.00 per hour.

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Full time morning care: 7:00-9:00 AM     \$210  
Full time afternoon care: 4:30-6:00 PM     \$180

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### Drop-In Cost: \$10.00 per hour.

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You will be charged after the session. A credit card guarantee is required.