

SummerGATE Application for program at Stevenson 2020

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 \$12.00/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:

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 ID#:

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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 1, 2020 for Session I, and May 15, 2020, 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 8-26, 2020

Time	Exact Name of Class	Tuition	
7:00-9:00	Before-Care Activities: <table border="1" style="display: inline-table;"><tr><td style="width: 100px;">Arrival Time:</td></tr></table> See Page 2*	Arrival Time:	*
Arrival Time:			
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: <table border="1" style="display: inline-table;"><tr><td style="width: 100px;">Pick up Time:</td></tr></table> See Page 2*	Pick up Time:	*
Pick up Time:			

Session I Total: _____

Session II June 29-July 17, 2020

Time	Exact Name of Class	Tuition	
7:00-9:00	Before-Care Activities: <table border="1" style="display: inline-table;"><tr><td style="width: 100px;">Arrival Time:</td></tr></table> See Page 2*	Arrival Time:	*
Arrival Time:			
9:00-10:10	-----	-----	
10:10-11:20	-----	-----	
11:20-12:30	-----	-----	
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3:20-4:30	-----	-----	
4:30-6:00	After-Care Activities: <table border="1" style="display: inline-table;"><tr><td style="width: 100px;">Pick up Time:</td></tr></table> See Page 2*	Pick up Time:	*
Pick up Time:			

Session II Total: _____

Deduct Merit Scholarship, if eligible: _____

Deduct discount for paying by check, if applicable: _____

*Visit www.summertime.org for information about the merit scholarship and check discount. **TOTAL DUE** _____

<i>Office use only</i>			
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Qualifying for SummerGATE (grades K-5)

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)

Teacher Recommendation

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: _____

SummerGATE Buddies

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)

Alternate Class Choices

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)
Morning Classes	
1st Alternate Choice:	
2nd Alternate Choice:	
Afternoon Classes	
1st Alternate Choice:	
2nd Alternate Choice:	

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

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

Pre-Paid: \$8.00 per hour.

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

Drop-In Cost: \$12.00 per hour.

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