

Registration opens February 16 for SLO Classical Academy Families, March 1 for all others. Space is limited!
Form (one for EACH child) must be mailed (SLOCA, P.O. Box 3601, SLO CA 93403) or hand delivered to
SLO Classical Academy at 165 Grand Ave, along with a \$50 non-refundable deposit per child.

Full payment due two weeks prior to camp start date.

You will be notified (via email) of your child's enrollment or placement on a waiting list.

Summer Passport

SLO Classical Academy Summer Camps

Mondays - Thursdays Session 1: July 5-8 Session 2: July 12-15 Session 3: July 19-22

3 1/2 yrs - Kindergarten

Time: 9am-12pm

Cost: \$95/session

\$75 for SLO Classical Academy students

\$25 one time registration fee – waived if registered by 5/1

Entering 1st-9th grades

Time: 9am-2pm

Cost: \$150/session

\$125/session for SLO Classical Academy students

\$25 one time registration fee – waived if registered by 5/1

Location SLO Classical Academy, The Grand Learning Center 165 Grand Ave, SLO

ENROLLMENT INFORMATION: Check sessions and grade desired:

- Session 1 / July 5-8th CHINA**
Preschool Camp
 age 3 ½ through entering Kindergarten. Time: 9am-12pm- (children must be potty trained)
Summer Passport: Travel the Silk Road Summer Camp
 entering grades 1-3
 entering grades 4-6
 entering grades 7-9

- Session 2 / July 12-15th INDIA**
Preschool Camp
 age 3 ½ through entering Kindergarten. Time: 9am-12pm (children must be potty trained)
Summer Passport: Travel the Silk Road Summer Camp
 entering grades 1-3
 entering grades 4-6
 entering grades 7-9

- Session 3 / July 19-22nd MIDDLE EAST**
Preschool Camp
 age 3 ½ through entering Kindergarten. Time: 9am-12pm (children must be potty trained)
Summer Passport: Travel the Silk Road Summer Camp
 entering grades 1-3
 entering grades 4-6
 entering grades 7-9

TOTAL COST: Session 1 Camp/China _____
 Session 2 Camp/India _____
 Session 2 Camp/Middle East _____
 Registration (waived before 5/1) _____

Total

CHILD INFORMATION:

Child's name: _____ Gender _____
Birth date: _____ Age: _____
Current School: _____ Grade entering in fall: _____

FAMILY INFORMATION:

Parents/Guardian
Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

HEALTH INFORMATION & CONTACTS:

Is your child currently taking any medications or are there any health issues/special needs? If so please list any health problems, allergies, or special needs or considerations that we need to be aware of.

In case child listed above becomes ill or is injured and parents cannot be contacted, the summer school instructors have my permission to contact and release my child to the custody of the following individuals. These persons are also permitted to pick up my child from summer school (we will not release to anyone whom is not on this list)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

I, the parent or guardian for the above listed child, hereby give consent to and authorize any medical doctor or dentist and others working under their supervision to treat my child for any injury or illness that might occur at summer school at SLOCA. I consent to hold SLOCA and its employees and volunteers under no liability for accidents or injury's that might occur on campus or in parking lot. I further agree to pay any and all such medical or dental costs, and expenses and charges and discharge and hold harmless SLOCA school, its employees/volunteers from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

I certify that the information on this application is accurate and valid. I am completing the above application for summer school enrollment for the child listed. I agree to abide by the policies of SLOCA, and I understand that all fees are to be paid for in a timely manner.

Signature: _____

Date: _____