KIDS’ SUMMER SPECTRUM 2013 - REGISTRATION FORM

No refunds once class begins.

Student’s Name: ____________________________ Date of Birth: ____________________________

Address: __________________________________________ City: ____________________________ State: __________ Zip: __________

S.S. Number: ____________________________ [ ] Male [ ] Female

Parent or Guardian: ____________________________

Phone Number (home or cell): ____________________________ (work): ____________________________

In case of emergency, notify: ____________________________

Parent or Guardian: ____________________________

Address: __________________________________________ City: ____________________________ State: __________ Zip: __________

In case of emergency, notify: ____________________________

Address: __________________________________________ City: ____________________________ State: __________ Zip: __________

Students staying for the entire day are required to bring lunch and will be supervised during lunch hour. They will not be permitted to leave the building.

Student’s Name: ____________________________ Date of Birth: ____________________________

Parent or Guardian: ____________________________

S.S. Number: ____________________________

Children must be picked up within 15 minutes of the session’s conclusion. (After 15 minutes, a late fee will be assessed.)

I have read the above information and understand its content.

Parent or Guardian signature: ____________________________ Date: ____________________________

Camp Fee $ ____________________________ Early Arrival Fees ($25 per week) ____________________________ Total Enclosed $ ____________________________

To pay by credit card, please complete the following information:

[ ] MasterCard [ ] Visa [ ] American Express Account #: ____________________________ Expiration Date: ____________________________

Name Printed on Card: ____________________________

Cardholder’s Mailing Address: ____________________________

[ ] Cash [ ] Debit Card [ ] Check #

Make checks payable to State College of Florida

Mail to: State College of Florida - Kids’ Summer Spectrum, P.O. Box 1849, Bradenton, FL 34206-1849

SCF is an equal access/equal opportunity institution.

KIDS’ SUMMER SPECTRUM

My child will be attending:

[ ] Bradenton [ ] Lakewood Ranch

June 11 - 14
[ ] a.m. $60 [ ] p.m. $60
June 17 - 21
[ ] a.m. $75 [ ] p.m. $75
June 24 - 28
[ ] a.m. $75 [ ] p.m. $75
July 1 - 5
[ ] a.m. $60 [ ] p.m. $60

July 8 - 12
[ ] a.m. $75 [ ] p.m. $75
July 15 - 19
[ ] a.m. $75 [ ] p.m. $75
July 22 - 26
[ ] a.m. $75 [ ] p.m. $75
July 29 - Aug. 2
[ ] a.m. $75 [ ] p.m. $75
Aug. 5 - 9
[ ] a.m. $75 [ ] p.m. $75

Lakewood Ranch

June 10 - 14
[ ] a.m. $139 [ ] p.m. $139
June 17 - 21
[ ] a.m. $139 [ ] p.m. $139
Aug. 5 - 9
[ ] a.m. $139 [ ] p.m. $139

No classes July 4 week.

July 8 - 12
[ ] a.m. $139 [ ] p.m. $139
July 15 - 19
[ ] a.m. $139 [ ] p.m. $139
July 22 - 26
[ ] a.m. $139 [ ] p.m. $139

Half- or full- day classes meet Monday through Friday.

Science, Technology, Engineering and Math (STEM)

Computer & Technical Classes

(ages 10 - 15 years)

(aages 7 - 13 years)

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M aLe

Parent e-mail

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