

**SUMMER SKILLS FOR SUCCESS**  
Personal Information and Registration:  
PAYMENT IN FULL IS DUE UPON REGISTRATION

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

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade entering 9/19: \_\_\_\_\_ Gender \_\_\_\_\_

Current School: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Contact email: \_\_\_\_\_

Parent 1 name: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_ Parent 1 work: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_ Parent 2 work: \_\_\_\_\_

Emergency contact if parent cannot be reached:

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Medical Information**

My son/daughter \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

has my permission to attend MKA's Summer Skills for Success and is physically fit to participate in all scheduled activities. I can verify that my child has a current physical, dated \_\_\_\_\_ and has current immunizations.

Please list all known illnesses and serious injuries: \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication at this time? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_

\_\_\_\_\_

Is your child currently (or within the past 3 months) under a physician's care? Y \_\_\_ N \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Summer Skills Offerings 2019

HALF-DAY COURSES	Session 1 – 6/24 - 7/3*	Session 2 – 7/8 - 7/19	Session 3 – 7/22 - 8/2
Reading Grades 5-6 - 8:30-10:30			
Writing Grades 5-6 - 10:30-12:30			
Reading Grades 7-8 - 8:30-10:30			
Writing Grades 7-8 - 10:30-12:30			
Math Skills 5-6 - 8:30-10:30			
Math Skills 5-6 - 10:30-12:30			
Pre-algebra Skills 6-8 - 8:30-10:30			
Pre-algebra Skills 6-8 - 10:30-12:30			

FULL-DAY COURSES	Session 1 – 6/24 - 7/3*	Session 2 – 7/8 - 7/19	Session 3 – 7/22 - 8/2
Math Skills 5-6 - 8:30-12:30			
Pre-algebra Skills 6-8 - 8:30-12:30			
Advanced English Skills 9-10 8:30-12:30			

FULL-DAY COURSES	6/22 - 8/2*	For Credit Y/N**
Pre-Algebra Grades 6-8		
Algebra I Grades 7-9		
Algebra II Grades 9-11		
Geometry Grades 8-10		

Students must sign up for one all morning course or two, two-hour courses.

\* Please note classes will not meet on Thursday, July 4 and Friday, July 5

\*\* Please provide the name/contact information below of your current teacher if a school recommendation is required for credit:

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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

Fees: Summer Skills for Success payment in full is due upon registration  
 English Courses \$400 per 2-week session  
 Math Courses \$1,200 for 6-week session

Cash, Personal Checks, Money Orders or Major Credit Cards accepted.

Checks or Money Orders should be made payable to: Montclair Kimberley Academy

Credit Cards accepted: Amex, Visa, Mastercard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Waiver

Montclair Kimberley Academy reserves the right to use photographs of my child/children in school publications. Parents may restrict this right by advising the Communications Office in writing within 30 days of the execution of this agreement. I have read and understand the Fees section above and I accept the terms of this agreement.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with payment to: Montclair Kimberley Academy  
 201 Valley Road, Montclair, NJ 07042  
 Attention: Summer Skills for Success  
 or fax to 973-783-7989