

2010 Summer Institute Registration Form

Register online and see which classes are available by going to www.summer-institute.com.

_____ Male ___Female ___Grade August 2010 _____ Date of Birth
 Student's Name

_____ City _____ State _____ Zip _____ Home Telephone
 Street Address

_____ e-mail address

_____ Parent or Guardian

___My child will be in "Lunch Bunch" ___My child will be in Before School Care ___My child will be in After School Care

I give my child(ren) permission to attend all field trips and to use chemicals, cutting tools, etc., related to his/her classes. Children are always supervised, but, should accident occur, please indicate where you child(ren) should be taken (Prompt Care or name and phone number of family physician).

In case of an emergency, please take my child to _____

Parent's Signature _____ Date _____

If there is insufficient enrollment, classes may be cancelled and fees refunded. No fees will be refunded for classes not cancelled. Payment for each session is to be paid in full no later than the first day of class. If you have any questions, please feel free to contact us at (812) 336-5853.

e-mail: rgleason@stcharlesbloomington.org

Please list your child's first choice classes below:	Session	Please List second choices below:	Session
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form by May 21, 2010. Remember, a \$25.00 non-refundable fee per child, per class is required. This fee will be applied towards tuition. Full Payment is expected at the beginning of each class. Mail to: Ruth Gleason, Director, St. Charles Summer Institute, 2224 E. Third St., Bloomington, IN 47401 (812)336-5853

NO STUDENT WILL BE REGISTERED UNLESS THE \$25.00 PER CLASS DEPOSIT IS PAID.