

APPLICATION FORM

ROCKLYN SUMMER ENRICHMENT SEMESTER 2008

Today's Date: _____, 200__

Mr/Mrs/Ms: _____

Last name, First Initial _____

Mailing Address: _____

Street #, Street name, Unit/Apt _____

City, Prov Postal/Zip Code _____

Home #: (____) _____ Fax: (____) _____

Work #: (____) _____ Cell: (____) _____

E-Mail Address: _____@_____

Daughter's Name: _____

BirthDate: ____/____/____

DD / MM/ YY

S.I.N. _____ - _____ - _____

Start Date: _____, 2008

End Date: _____, 2008

Please Note:

(1) Credits will only be awarded IF the daughter attends the entire summer semester (minimum of 10 weeks June 28 – August 31, with no breaks or leaves at any time)

(2) There will be NO refunds

Signed = Agreed to: _____

Guardian or Parent Guardian or Parent