

PYTHAGORAS ACADEMY 8671 Odlin Crescent Richmond, BC, V6X 1G1 Tel: 604-370-0199 Fax: 604-370-1399

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TWO WEEK SUMMER SCHOOL REGISTRATION FORM 2019

(Please note that the two-week program is only available for children ages 5 - 12 years old)

Applicant's Legal Last Name:		Applicant's Leg	gal First Name:	
Applicant's Preferred Name:				
		M/DD/ YYYY):/ ly available for those l		
Food Allergy (please specify if an	ıy):			
Is the student current PA studen	t of 2018-19 or 2	019-2020? Yes □ No		
If not, have you attached the foll	lowing document	ts with the application	form?	
☐ Student's ID: Birth cert☐ Parent's ID: Birth cert				
PARENT/GUARDIAN INFORMAT Legal Last Name:		Legal First Name:	·	
Address:			-	
Cell Phone:	E	mail:		
EMERGENCY CONTACT: (not the	_		elationship:	
SUMMER SCHOOL INFORMATIO		Ne	iationship	
Two Week Camp \$1100 (include	s meals, program	n materials, camp T-sh	irt, and field trips)	
□July 8- July 19 □Ju	uly 22- Aug 02	□Aug 06-Aug 16		
* Full tuition is due in 5 business released one day after the due * All fees are non-refundable	on-refundable ar s days after the a e date of full tuiti	nd applied to the fees application date. If the ion.	rent when the tuition is paid full tuition. It is when the tuition is paid full tuition. It is full tuition is not paid on time, the spot when the spot will be given if classes are cancelled.	vill be
Signature of Parent/Legal Guardi	ian [.]		Date:	