

Brain Gain Summer DESIGN

2009 Registration Form

Summer DESIGN is held at *Lakewood Park Christian School*, at 5555 County Rd 29, Auburn, IN 46706.
 We are just five minutes from Exit 126 of I-69, or 4 miles south of Auburn on Center Street/County Rd. 29.

Today's date _____
Student's name _____ Grade in fall _____
 Current school _____ Phone _____
 Current grade _____ Current Classroom teacher _____

Parent(s) name _____
 Billing address _____
 City _____ State _____ Zip _____
 Daytime phone _____ Cell phone _____

Email address for progress reports: _____

Please indicate the drop-off and pick-up options you will be using:

- I will come downstairs to the DESIGN classrooms to drop off and pick up my student each day.
 My student will be in Beyond the Bell before and/or after class and I'll need to work out arrangements for them.
 Other: _____

Please focus instruction in the following areas:

- Reading Spelling Math Grammar Writing skills
 ISTEP+ remediation in English ISTEP+ remediation in Math

Comments: _____

Check the time slot (or slots) each week:

June 15 – 18	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
June 22 - 25	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
June 29 – July 2	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
July 6 - 9	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
July 13 - 17	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
July 20 -24	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
July 27 -30	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
Aug. 3 – 6	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15
Aug. 10 – 13	<input type="checkbox"/> 8 a.m. – 9:45 a.m.	<input type="checkbox"/> 10 a.m. – 11:45 p.m.	<input type="checkbox"/> 12:30 – 2:15

Total time slots _____ **x \$80/week = \$** _____ **Total enclosed: \$** _____
Cash ___ **Check** ___ **Check #** _____ **Date of check** _____

By signing below, I am indicating my understanding that payment is to be made before beginning classes, with checks payable to **LPCS**, and **"Design" on the memo line**. I also understand that refunds for missed sessions will not be given, but staff will do their best to make up concepts or sessions that were missed.

 Signature of person responsible for payment Date