

**ARLINGTON ACADEMY OF MIAMI INC
SUMMER CAMP & ACADEMY
REGISTRATION APPLICATION**

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Contact Person Ms. A. Blye (Cell) 305-741-8182



Arlington Academy is offering summer camp & summer academy immediately after the school year ends. Arlington’s hours of operation are as follows: **Summer Camp** Monday – Thursday 8:00-6:00pm

Friday 8:00-4:00pm

Summer Academy

Monday – Thursday 9:00-1:00pm

Friday (Library)

Summer camp will provide daily educational enhancements in Reading, Writing, and Math, to reinforce the skills taught, during the regular school year.

Daily and weekly activities will be provided, and arranged according to child’s age.

Summer academy will provide specific educational portfolios designed for each student registered into the academy example; SAT-10, GPA, Retention, FCAT, SAT/ACT tutoring, academic enhancement program, Adult High-school diploma Program & more....

ACADEMY FEES

Registration Fee	\$25.00	Camp/Academy
T-shirt Fee	\$25.00	Camp
Tuition (1)	\$40.00 a week *must guarantee 3 weeks in advance....	Camp
Tuition (2)	\$375.00	Academy
Lunch	-FREE-	Camp/Academy
Fieldtrips	“see calendar”	Camp
Before care	\$10.00hr before 8:00am	Camp/Academy
After care	\$10.00hr after 6:00pm	Camp/Academy

Registration (NON-REFUNDABLE)
Early Registration Fee: \$25.00 thru May 01
Late Registration Fee: \$35.00 May 02 thru June 05

Student's Name _____
Student's Age _____ Date of Birth _____ Grade Level _____
Parent/Guardian Name: _____ Emergency Contact: _____
Address: _____ Address: _____
Hm. Ph: (____) _____ - _____ Hm. Ph: (____) _____ - _____
Wk. Ph: (____) _____ - _____ Wk. Ph: (____) _____ - _____
Alt. #: (____) _____ - _____ Alt. #: (____) _____ - _____

Release/Authorization Section

I _____ the parent/guardian of _____ release
Arlington summer camp/academy teachers/administrators and sponsors, to
photograph/videotape him or her for the purposes of advertising public relations and
school/academy spirit photos.

I _____ do not wish for my child to participate in any taking/sharing
of photos.

Swimming Authorization

Please check one: Beginner _____ Average _____ Advanced _____

Parent Permission

I _____ the parent/guardian of _____ give
permission for my son/daughter to participate, and attend all assign field trips provided and
organized through A&W summer academy for the duration that my child is in attendance
at Arlington & Windsor Summer Academy.

Parent/Guardian Signature

Date

Note: Please notify the academy advisor in advance of any allergies that your child may have pertaining to
foods. _____