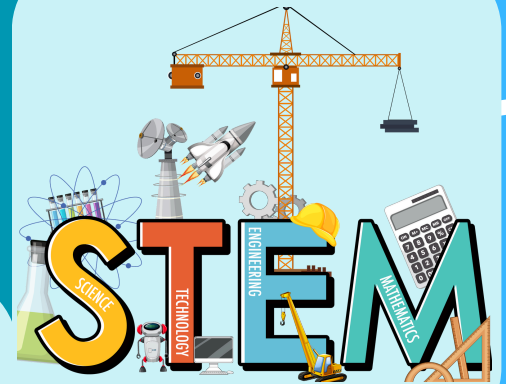
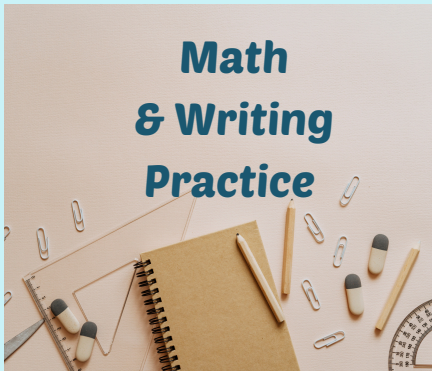




Ocean Learning Center, LLC.

Life
is an
ADVENTURE
Weekly
Field Trips

**Math
& Writing
Practice**



July 8 - July 26

**Monday - Friday
9am-4pm**

\$125/Wk

**Registration
Begins:
March 4th**

2024

Ages 11-15

summer Enrichment

City Marketplace

160 Cypress Point Pkwy

Palm Coast, FL 32164

386-222-1418

www.OceanLearningCenter.info



Ocean Learning Center, LLC.

Registration Form 2024 Summer Enrichment Program

Office Use Only:

Date of
Registration:

Allergies/Medical
Conditions:

Student's Legal Name: _____

Date of Birth: _____ Next Grade Enrolled: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Preferred Phone Number: _____ Secondary Phone number: _____

Parent Email: _____

Home Address (If different than enrolling student): _____

Non-Refundable Registration Fee: \$50

Summer Enrichment Program Fee:

July 8th-26th

Payment due June 24 \$375

Sibling Discount \$30

I, _____, as the parent/guardian of

agree to register my child for the 2024 Summer Enrichment Program,

and to pay the financial obligation as listed above to

Ocean Learning Center, LLC.

Signature of Parent/Guardian: _____ Date: _____

OLC Administration: _____ Date: _____

(Cont.) Student Information:

_____ 504

_____ Exceptional Education Program

_____ Functional Behavior Assessment

Please, list below any diagnosis (if any) that may help us to understand student needs:

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Please list any medication the student is currently taking.

Primary Physician: _____ Phone: _____

Allergies

Food: _____

Medication: _____

Environmental: _____

Does student wear glasses? _____ Yes _____ No

Does student wear contacts? _____ Yes _____ No

Is student hard of hearing? _____ Yes _____ No

Emergency Contact Person(s)

Name: _____ Relationship to Student: _____

Preferred Phone: _____ Second Phone: _____

Name: _____ Relationship to Student: _____

Preferred Phone: _____ Second Phone: _____