

**SUMMER SESSION 2020**  
**8 WEEKS**

Student's Name:	DOB    /    /
Parent's Name	
Address:	
Telephone    Cell:	
Home:	
Work:	
Emergency:	
Email:	

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check off which weeks you are signing up for

Minimum of 4 weeks

- July 6<sup>th</sup>
- July 13<sup>th</sup>
- July 20<sup>th</sup>
- July 27<sup>th</sup>
- August 3<sup>th</sup>
- August 10<sup>th</sup>
- August 17<sup>th</sup>
- August 24<sup>th</sup>

**SIGN UP FOR ANY WEEKS YOU WANT**  
**MINIMUM OF 4**