

**REGENT SCHOOL SUMMER PROGRAM  
719 EAST 216th STREET  
BRONX, N.Y. 10467  
(718) 653-2900**

**REGISTRATION APPLICATION  
(Please Print)**

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<b>Child's Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Current Grade</b>
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<b>Address</b>	<b>Apt. #</b>	<b>Zip Code</b>	<b>Telephone #</b>
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<b>Chronic Illness</b>	<b>Food Allergies</b>	<b>Drug Allergies</b>
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**I am interested in sending my child to (Check One):**

**SESSION I ONLY: JULY 2 THROUGH JULY 27                      \$560    TUITION FEE\_\_\_\_\_**

**SESSION II ONLY: JULY 30 THROUGH AUGUST 24                      \$560    TUITION FEE\_\_\_\_\_**

**SESSION I & II:        JULY 2 THROUGH AUGUST 24                      \$1,120 TUITION FEE\_\_\_\_\_**

**PLEASE LET US KNOW IF YOU ARE INTERESTED IN 5, 6 OR 7 WEEKS\_\_\_\_\_**

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<b>MOTHER'S NAME</b>	<b>HOURS</b>	<b>TELEPHONE # (EXT.)</b>
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<b>FATHER'S NAME</b>	<b>HOURS</b>	<b>TELEPHONE # (EXT.)</b>
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<b>EMERGENCY CONTACT    RELATIONSHIP TO CHILD</b>	<b>TELEPHONE # (EXT.)</b>
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<b>To Whom May The Child Be Released</b>	<b>Medium of Introduction to Regent School</b>
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\_\_\_ **SCHOOL BUS (\$50 PER WEEK CHARGE)**

\_\_\_ **STUDENT PICKED UP FROM SCHOOL/NAME OF PERSON PICKING UP Child\_\_\_\_\_**

\_\_\_ **WALK**

**I understand that a non-refundable \$70 registration fee is required and that tuition fees are due two weeks before the first day of each session (June 18 & July 16 respectively).**

**In the event of sudden illness or accident, I hereby authorize the Directors of this school to administer first aid to my child or to secure medical care if necessary.**

**I hereby grant permission for my child to go on field trips.**

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**Date**

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**Signature of Parent or Legal Guardian**

**ALL SUMMER PROGRAM PAYMENTS MUST BE MADE BY CASH OR MONEY ORDER**