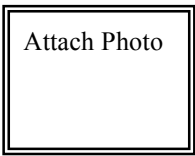


Summer Pals Application-Currently Pre-K (turns 5 by August, 2019), Kindergarten, Grade 1 – for Advanced Learners-**St. Agnes**
Summer Quest Application-Currently in Grades 2-5 for Academically Gifted-**St. Agnes**
June 10-21, 2019 8:30-11:30 a.m. for both programs



Name _____ (Name you go by) _____ Sex _____ Current Grade _____
 Mailing Address _____ City _____ St _____ Zip _____
 Telephone No. (____) _____ Birthdate _____ Contact E-mail _____
 School Attending _____ Name of Teacher _____
 Teacher E-mail _____
 Parents'/Guardians' Names _____
 Parents' Address(es)(if different from student) _____

Father's Place of Employment _____ Mother's Place of Employment _____
 E-Mail Address _____ E-Mail Address _____
 Telephone No.(____) _____ Telephone No. (____) _____

List the person we call if there is an emergency at school this summer and we could not reach either parent (**please be sure this person is aware**).
 Name _____ Telephone No. (____) _____

In case none of the above can be reached, I give permission to take my child to the emergency room. I accept responsibility for medical expenses.
 Hospital Preference _____ Insurance Co. _____ Policy # _____ Account # _____

COURSE SELECTIONS - Number the courses you would take in the order you prefer. Mark your first choice "1", your second choice "2". Place a "0" by any class you would not take. Numbering several classes will help ensure your participation. **REGISTER BY YOUR CURRENT GRADE.**

Summer Pals

Pre-K (students spend one week in each class)

____ Polar Bears & Country Kitchen

Grade K

____ Grossology

____ Knights, Castles & Dragons

Grade 1

____ Play Around the World in Eight Days

Summer Quest

Grades 2-3

____ Toy Box Physics **\$10 Fee** ●

Grades 2, 3 & 4

____ Creepy Crawlies

Grades 3-4

____ I want to be a Veterinarian!

Grades 4 & 5

____ M3

For office use

DR _____
 AR _____
 MP _____
 LR _____
 IQ _____
 S _____
 D _____
 CL _____
 EMAIL _____
 DB _____

● Please do not mail the extra course fee now

IMPORTANT: If your child has a specific physical or medical need or condition, or has IEP please attach a separate letter explaining.

PLEASE NOTE: Class cost is \$195. The entire \$195 must be sent with application unless applying for a scholarship. Included in the cost for the class is the price of a T-shirt, snacks and a class picture. Please indicate T-shirt size below.

____ Child Small(6-8) ____ Child Med(10-12) ____ Child Lg(14-16) ____ Adult Small(34-36) ____ Adult Med(38-40) ____ Adult Lg (40-42)

OPTIONAL: I am enclosing an extra \$ _____ to help with scholarships for students in financial need.

ALLERGIES: NOTE DETAILS ON SEPARATE SHEET, BUT MARK HERE IF THERE ARE ALLERGIES

TEACHING ASSISTANT: **NOTE-Volunteers do not assist in their own child's class.** We will be contacting you about interest.

Name _____ Phone Number _____ E-Mail Address _____

Please make checks payable to:

DRURY UNIVERSITY-SP/SQ

900 North Benton Ave., Lay Hall 103

Springfield, Missouri 65802

(417) 873-7386, mpothof@drury.edu

How did you hear about our program? _____

Don't forget to sign liability and complete certification page.

CREDIT CARD PAYMENT
 2.75% charge = \$200.35 total

Click on "PAY ONLINE" BUTTON