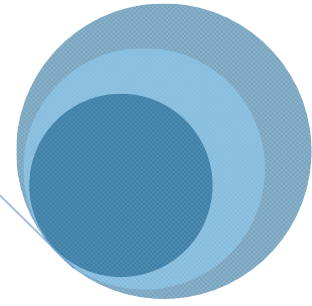
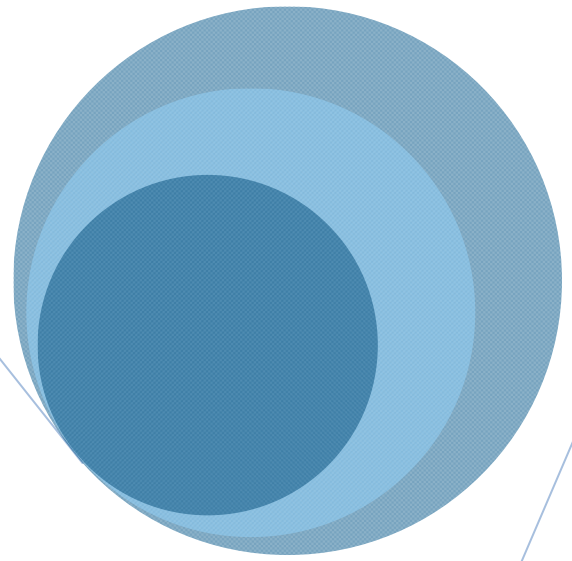


#



Luria Academy-Kaitana

Please complete and mail/email/fax this application to:

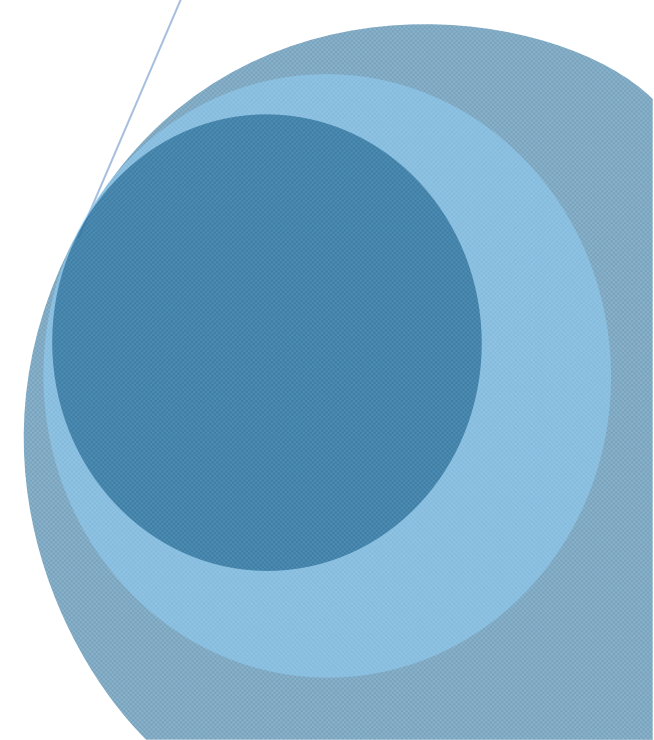
Symie Lipkind
Director Luria Academy Kaitana
238 St. Marks Avenue
Brooklyn, NY 11238

Email: Symiecamp@gmail.com
Fax: 718-228-4110

All applications must be accompanied by a non-refundable deposit of \$200. This will be applied toward the balance.

Balance and all medical forms are due by June 24, 2011.

No child will be admitted without a current medical form.#





Luria Academy- Kaitana

A Creative Summer Experience

Registration Form

Child's name: _____

Age: _____ DOB: _____ Gender: _____

Home Address: _____

Parent/Guardian A

Name: _____
First Last

Home Address (if different from child's):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Parent/Guardian B

Name: _____
First Last

Home Address (if different from child's):

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Please indicate weeks attending:

Week 1 ___ 7/05-7/08 (\$450)

Week 2 ___ 7/11-7/15 (\$450)

Week 3 ___ 7/18-7/22 (\$450)

Week 4 ___ 7/25 - 7/29 (\$450)

Week 5 ___ 8/01 - 8/05 (\$450)

Week 6 ___ 8/08- 8/12 (\$ 450)

Toddler Half Day ___ (\$250)

Toddler Half Day ___ (\$250)

Toddler Half Day ___ (\$250)

Toddler Half Day ___ (\$250)

Toddler Half Day ___ (\$250)

Toddler Half Day ___ (\$250)

Please indicate if you would be interested in a "Late Pickup" option _____

Please tell us how you heard about our program _____

Payment Information

You may deduct 10% from the registration total if you are enrolling more than one child in the program.

Please indicate if sibling discount (10%) is being applied _____

Check:

Check# _____ Amount \$ _____ Balance due \$ _____

Please make checks out to "Luria Academy of Brooklyn- Kaitana"

Credit Card:

Luria Academy Kaitana is pleased to offer you the option to have your tuition automatically charged to your credit card. Your credit card information will be kept completely confidential.

Credit Card Type: _____ Visa _____ Master Card _____ Amex

Cardholder (name as it appears on the card):

Credit Card Number:

Expiration Date: _____ / _____

Pin Number (3 numbers on the back of the card): _____

Credit Card Billing Address:

Number and Street Apartment

City

State

Postal Code

Signature of Card Holder

Date

Other Information

Person(s) authorized to pick up child _____

Phone#(s) _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone: _____ Work Phone _____

Cell Phone : _____ Email: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Insurance Carrier: _____

Insurance Number: _____

I have enclosed the \$200 non-refundable deposit

Parent Signature: _____ Date _____ #