



### Summer School Application

Child's Name: \_\_\_\_\_

Child's Age : \_\_\_\_\_ Grade as of Fall 2008: \_\_\_\_\_

Currently enrolled in RSM: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I enroll for the following courses** (please circle your choices):

Classes	Tuition	Mon	Tue	Wed	Thurs	Fri
SATI	\$1100	9:00 - 1:00		9:00 - 1:00		9:00 - 1:00
SAT-II / Algebra-II	\$750		5:30 - 9:30		5:30 - 9:30	
Algebra-I	\$500	5:30 - 8:00		5:30 - 8:00		
Geometry	\$300	4:00 - 5:30		4:00 - 5:30		
Grades 7-8 / Pre-Algebra	\$400	5:30 - 7:30		5:30 - 7:30		
Grades 5-6	\$400	3:30 - 5:30		3:30 - 5:30		
Grades 3-4	\$400	5:15 - 7:15		5:15 - 7:15		
Grades 1-2	\$300		5:00 - 6:30		5:00 - 6:30	
Math Circle Gr 1-4 Could be taken once a week	\$400 (4hr) \$200 (2hr)	1:30-3:30		5:00- 7:00		
Math Circle Gr 5-8 Could be taken once a week	\$400 (4hr) \$200 (2hr)		3:30 -5:30		5:00 - 7:00	

#### Contact Information:

Mother's Name : \_\_\_\_\_

Daytime/ Cell Phone : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Daytime/ Cell Phone : \_\_\_\_\_

Emergency Contact (other than yourself): \_\_\_\_\_

Daytime Phone/ Cell Phone : \_\_\_\_\_

#### Please check appropriate spaces:

\_\_\_\_ I understand the school policies on registration and I agree to be responsible for the payment of all fees due.

\_\_\_\_ I authorize RSM to use still or video photographs of my child for publicity purposes.

\_\_\_\_ I understand that in any medical situation every effort will be made to reach me.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment enclosed:** \$ \_\_\_\_\_

Please make your check payable to RSM and send it to school address:

RSM, 200 Wells Ave, Newton MA, 02459