



## 2017 Summer School Course Registration

Student's Name \_\_\_\_\_ Grade Level in Fall 2017 \_\_\_\_\_

School Currently Attending (if not CCA) \_\_\_\_\_

<p><b>Session #1: 8:20AM – 10:20AM</b></p> <p>First Choice _____</p> <p>Second Choice _____</p> <p><b>Session #2: 10:30AM – 12:30PM</b></p> <p>First Choice _____</p> <p>Second Choice _____</p> <p><i>For CCA HS students taking credit courses, please see Academic Advisor for approval.</i></p> <p>Approved by _____ Date _____</p>	
<p><b>Session #1 &amp; #2 Core Course Fees – Check all that apply.</b> (July 21 field trip for non-credit classes included in the price. Price <u>does not</u> include books or materials.)</p>	
<p><input type="checkbox"/> 4-week class - \$675</p> <p><input type="checkbox"/> 6-week class - \$935</p> <p><input type="checkbox"/> Two 4-week classes - \$1250</p> <p><input type="checkbox"/> Two 6-week classes - \$1770</p> <p><input type="checkbox"/> One 4-week class and one 6 week class - \$1510</p> <p><input type="checkbox"/> Study Hall - \$65 (4 wk), \$80 (6 wk)</p> <p style="text-align: center;">For non-CCA students, registration packet and latest <b>report card/progress report</b> <u>must</u> accompany payment in order to ensure enrollment.</p>	\$
<p><b>Enrichment course calendar and fees on the back.</b></p>	

**Session #3: 1:15PM – 3:15PM Enrichment Course Fees** (Price includes all supplies. Additional charge for July 21 field trip if students are only enrolled in enrichment courses. )

**Enrichment Course Calendar**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			June 21 Cooking Art	22 Cooking Art	23 Cooking Art	24
25	26 Cooking Art	27 Cooking Art	28 Cooking Art	29 Cooking Art	30 Cooking Art	July 1
26	3 CSI Film	4 No School	5 CSI Film	6 CSI Film	7 CSI Film	8
9	10 CSI Film	11 CSI Film	12 CSI Film	13 CSI Film	14 CSI Film	15
16	17 CSI Outdoor	18 CSI Outdoor	19 CSI Outdoor	20 CSI Outdoor	21 Field Trip	

**June 21-30 (8 days) – Select one**

- Cooking \$200
- Art \$200

\$

**July 3-20 (13 days – no class on July 4)**

- Crime Scene Investigation \$325

\$

**OR**

**July 3-14 (9 days – no class on July 4)**

- Filmmaking \$225

\$

**July 17-21 (4days)**

- Outdoor Living \$100

\$

Late Registration after May 15: additional \$30 per child (non-refundable)

\$

**Total** (\$75 non-refundable registration fee included)

\$

**Please make check payable to California Crosspoint Academy.**

In consideration for participation in Summer School, I agree to indemnify and hold California Crosspoint Academy and all persons involved in this school harmless from any liability for any loss or injury that may be suffered by the above named individual arising out of or in any way connected with their participation in Summer School.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## California Crosspoint Academy Summer School 2017 Emergency Information and Permission Form

<b>Student's Last Name</b>	<b>First Name</b>	<b>Gender</b>
		M / F
<b>Address</b>	<b>City</b>	<b>Zip</b> <b>Home Phone</b>
		(   )
<b>Parents/Guardian Names</b>	<b>Daytime Phone or cell</b>	<b>Email Address</b>
Dad:	(   )	
Mom:	(   )	
Guardian:	(   )	

**Person to call if parent/guardian cannot be reached**

<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone or cell</b>
		(   )
<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone or cell</b>
		(   )

**Health Insurance Information**

<b>Insurance Company Name</b>	<b>Policy #</b>	<b>Medical Record#</b>
<b>Doctor's Name and address</b>		<b>Phone</b>

**Special Instructions/Allergies/ Conditions**

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I give permission for my child to receive Tylenol or Benadryl by the school if necessary. \_\_\_\_\_ **(initial)**

In case of emergency due to serious illness or accident and I cannot be contacted, I hereby authorize the school personnel to obligate me for the services of a doctor or medical care provider, and in extreme emergency, the services of an ambulance. I authorize, request, and direct any medical care provider contacted in such circumstances to render such treatment as in their professional judgment deemed advisable.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date