



KILLIAN OAKS ACADEMY

A Child's Path to Success

10545 Southwest 97th Avenue Miami, Florida 33176
Phone: (305) 274-2221 Fax: (305) 279-5460
www.KillianOaksAcademy.com

Summer Enrichment Application 2020

Student Information

Last Name: _____ First Name: _____

Gender: _____ Date of Birth: _____ Entering Grade: _____

Home Address: _____

Allergies / Current Medication: _____

Physician: _____ Phone: _____

Physician Address: _____

Physician Email Address: _____

I. Parent/Legal Guardian Information

Name: _____ Relationship to Student: _____

Home Address: _____

Billing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation / Company: _____ Phone: _____

II. Parent/Legal Guardian Information

Name: _____ Relationship to Student: _____

Home Address: _____

Billing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation / Company: _____ Phone: _____

I. Emergency Contact (other than parent)

Name: _____ Relationship to Student: _____

Cell Phone: _____ Secondary Phone: _____

Email Address: _____

Authorized to pick up student from Killian Oaks Academy during Summer Program? Yes No

II. Emergency Contact (other than parent)

Name: _____ Relationship to Student: _____

Cell Phone: _____ Secondary Phone: _____

Email Address: _____

Authorized to pick up student from Killian Oaks Academy during Summer Program? Yes No

Authorized for Pick Up

Please list any additional persons (18 or older) that are authorized to pick up your child in place of parents listed during the Summer Program:

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Summer Session Selection

1. Select session(s): **Session I:** June 15 – July 3 **Session II:** July 6 – July 23

Or select individual weeks:

June 15 – June 19 June 22 – June 26 June 29 – July 3

July 6 – July 10 July 13 – July 17 July 20 – July 23

2. Select which program your student will attend (please select only one):

Full Day Academic Enrichment (8:30 a.m. – 2:30 p.m.): \$2,150.00 per three-week session.

Morning Academic Enrichment (8:30 a.m. – 12:00 p.m.) : \$1,400.00 per three-week session.

Afternoon Academic Enrichment (12:30 p.m. – 2:30 p.m.) : \$800.00 per three-week session.

Certification

By signing and submitting this application, the parent(s)/legal guardian(s) certify that all information is complete and correct. Parent(s)/legal guardian(s) give Killian Oaks Academy permission to administer non-prescription medication when requested, as well as permission for student to attend scheduled field trips. All information supplied is confidential and will not be released to any other agency without permission.

The parent(s)/legal guardian(s) of this student understands and accepts the responsibility for all charges, tuition, and fees incurred. Parent(s)/legal guardian(s) further understands that all payments are processed electronically through Killian Oaks Academy’s tuition management company.

This contract may be executed in multiple counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same. Documents executed and transmitted electronically and electronic and/or scanned signatures shall be deemed original signatures for purposes of this contract and all matters related thereto, with such electronic and/or scanned signatures having the same legal effect as original signatures.

Killian Oaks Academy welcomes students of all races, religions, genders, gender orientations, and national origins. Likewise, The Academy does not discriminate in any way or with any policy, including admissions.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

For Office Use Only

Entering Grade (Fall 2020): _____ Date Enrolled: _____ Note: _____