

Your Child's Path to Success

10545 Southwest 97th Avenue Miami, Florida 33176 Main Office: (305) 274-2221 Business Office: (305) 972-4153 Website: www.KillianOaksAcademy.com

Summer Enrichment Application 2024

Student Information

Last Name:	First Name:	
Gender: Date of Birth:	Entering Grade:	
Home Address:		
Allergies / Current Medication:		
Physician:	nn: Phone:	
Physician Address:		
Physician Email Address:		
I. Parent/Legal Guardian Information		
Name:	e: 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:		
Home Phone:	Cell Phone:	
Email Address:		
	Phone:	
I. Emergency Contact (other than parent)		
Name:	Relationship to Student:	
Cell Phone:	Secondary Phone:	
Email Address:		
Authorized to pick up student from Killian Oak	s Academy during Summer Program? Yes No	

Na	me: Relationship to Student:		ip to Student:	
		e: Secondary Phone:		
Er	nail Address:			
Αı	uthorized to pick up student fr	om Killian Oaks Academy during	g Summer Program? □ Yes □ No	
<u>A</u> 1	uthorized for Pick Up			
	ease list any additional persor ted during the Summer Progra	· ·	d to pick up your child in place of parents	
Name:		Relationsh	Relationship to Student:	
Name: Relationship to Student:		ip to Student:		
Ea Re M	egistration Fee (received after aterials Fee: \$175.00	l by March 31, 2024): \$150.00 March 31, 2024): \$200.00 on I: June 3 – June 21 ☐ Session	o n II : June 24 – July 12	
	☐ June 3 – June 7	☐ June 10 – June 14	☐ June 17 – June 21	
	☐ June 24 – June 28	☐ July 1 – July 5	☐ July 8 – July 12	
2.	Select which program your	student will attend (please select of	only one):	
	☐ Full Day Academic Enrichment (8:30 a.m. – 2:30 p.m.): \$2,500.00 per three-week session.			
	☐ Morning Academic Enrichment (8:30 a.m. – 12:00 p.m.): \$2,000.00 per three-week session.			
	☐ Afternoon Academic Enrichment (12:30 p.m. – 2:30 p.m.): \$600.00 per three-week session.			
By co project in tra ma The will else ma sig Ki	escription medication when recommend is confidential expansion supplied is confidential expansion in parent(s)/legal guardian(s) of different different expansion is contract may be executed in the together shall constitute extronic and/or scanned signatures atters related thereto, with such gratures.	legal guardian(s) give Killian Oal quested, as well as permission for ial and will not be released to any of this student understands and accell guardian(s) further understand is are processed electronically in multiple counterparts, each of wone and the same. Documents extress shall be deemed original sign in electronic and/or scanned signatures students of all races, religions,	guardian(s) certify that all information is as Academy permission to administer non student to attend scheduled field trips. All other agency without permission. pts the responsibility for all charges, tuition that fees and tuition are not refundable of through Killian Oaks Academy's tuition which shall be deemed an original but all of executed and transmitted electronically and entures for purposes of this contract and all ares having the same legal effect as original genders, gender orientations, and national rewith any policy, including admissions.	
Pa	nrent/Guardian Signature:		Date	
Pa	rent/Guardian Signature:		Date	