



# KILLIAN OAKS ACADEMY

*Your Child's Path to Success*

10545 Southwest 97<sup>th</sup> 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: \_\_\_\_\_ 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**

Registration Fee: \$250.00

Materials Fee: \$150.00

1. Select session(s):  **Session I:** June 3 – June 21  **Session II:** June 24 – July 12

**Or** select individual weeks:

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 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.

**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 understand that fees and tuition are not refundable or transferable, and that 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 \_\_\_\_\_

**Apply for our Summer Academic Enrichment Program online at [www.KillianOaksAcademy.com/Summer](http://www.KillianOaksAcademy.com/Summer)**