



# GIFTED ACADEMY EDUCATIONAL CENTER

1517 K STREET, SE  
WASHINGTON, DC 20003  
(202) 431-5203  
WWW.GIFTEDAEC.ORG

## SUMMER REVIEW REGISTRATION FORM

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

### CAMPER'S INFORMATION HERE

#### 1 CAMPER INFORMATION: Male Female

Check this box if address and home phone are the same as Account Holder listed below

Name (First & Last): \_\_\_\_\_

Email Address: \_\_\_\_\_ How many years has camper attended Summer Review? \_\_\_\_\_

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

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_ Grade entering this Fall: \_\_\_\_\_

Current School: \_\_\_\_\_

List any Allergies and Dietary Restrictions: \_\_\_\_\_

T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

### YOUR INFORMATION HERE

#### 2 ACCOUNT HOLDER #1/PARENT #1/GUARDIAN #1 INFORMATION:

(all correspondence and invoices will be sent to this person)

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "info@GiftedAEC.org" to your address book to ensure delivery. Your email is confidential information.

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

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Camper:  Mother  Father  Guardian

Other: \_\_\_\_\_ Custodial Parent?  Yes  No

#### 3 ACCOUNT HOLDER #2/PARENT #2/GUARDIAN #2 INFORMATION:

(NOTE: all correspondence and invoices will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder listed below

Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "info@GiftedAEC.org" to your address book to ensure delivery. Your email is confidential information.

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

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Camper:  Mother  Father  Guardian

Other: \_\_\_\_\_ Custodial Parent?  Yes  No

Non-Custodial Parent:  Should be contacted in case of emergency and has permission to pick up camper

**4 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS:** (In addition to parents/guardians)

\*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or shuttle location in the event that you are unable to do so.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

**5 HOW DID YOU HEAR ABOUT SUMMER REVIEW?** Please check one and use the line below to write and explain.

- Friend, Who?    Alumni, Who?    Facebook    Google    School, Which?    Other

\_\_\_\_\_

**6 CAMP SCHEDULE:** Please check the boxes for the weeks you are registering for

Week One	<input type="checkbox"/> June 26-30
Week Two	<input type="checkbox"/> July 3-July 7
Week Three	<input type="checkbox"/> July 10-14
Week Four	<input type="checkbox"/> July 17-21
Week Five	<input type="checkbox"/> July 24-28

Please check the box to indicate whether you are registering for full-day or half-day enrichment. If there is a week(s) where their schedule may alternate from half to full day, please indicate in the line below.

- Half-day    Full day

\_\_\_\_\_

**7 TRANSPORTATION OPTIONS:** Please check the appropriate boxes

If you are in need of shuttle services to and from GAEC, the flat rates are the following:

- \$25 0 to 5 miles from GAEC    \$50 6 to 10 miles from GAEC    Shuttle services are not needed. My child will be driven by personal vehicle.

\_\_\_\_\_ x \_\_\_\_\_ weeks = \$ \_\_\_\_\_

**8 PAYMENT INFORMATION:** \$25 non-refundable deposit + \_\_\_\_\_ per week x \_\_\_\_\_ weeks = \$ \_\_\_\_\_

Transportation Fee + Summer Review Fee= \$ \_\_\_\_\_ **Grand Total**

Amount of payment today: \$ \_\_\_\_\_

TYPE OF PAYMENT:  **Check Enclosed** (Made payable to Gifted Academy Educational Center)    **Cash Enclosed**

**CashApp** (\$AcademyGifted)    **Credit Card:** (  Visa    MasterCard    American Express    Discover)

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Gifted Academy Educational Center to charge the outstanding balance on my family's Summer Review invoice to the credit card listed above on July 30, 2021 plus the standard 2.9%+\$0.30 processing fee.

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\_\_\_\_\_ Signature of Parent or Legal Guardian

\_\_\_\_\_ Date