



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 21-25
Week Two	<input type="checkbox"/> June 28-July 2
Week Three	<input type="checkbox"/> July 5-9
Week Four	<input type="checkbox"/> July 12-16
Week Five	<input type="checkbox"/> July 19-23
Week Six	<input type="checkbox"/> July 26-30

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.



Signature of Parent or Legal Guardian

Date