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	☐ June 28-July 2
Week Two	☐ July 5 - 9
Week Three	☐ July 12-16
Week Four	☐ July 19-23
Week Five	☐ 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 **TRANSPORATION 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, 2027 plus the standard 2.9%+$0.30 processing fee.

9 SIGN HERE

_____ _____

Signature of Parent or Legal Guardian Date