



Summer Academy
Incoming grades - 4, 5, 6 and 7th

2019 REGISTRATION FORM

Cost: \$199 by June 3rd or **\$250** after June 3rd
For more information visit www.cart.org or call **559.248.7400**
Sibling Discount Available | \$150 each additional sibling

Student Info.

| | | | |
|---------------------------------|------------|-----------------|------------|
| LAST NAME | FIRST NAME | AGE | BIRTH DATE |
| ADDRESS | | CITY | ZIP |
| ELEMENTARY SCHOOL OF ATTENDANCE | | SCHOOL DISTRICT | |

Lab Choice / Shirt Size

Lab Choice

Please rank order your preference for academy program. One (1) being your first choice and three (3) being your last choice. If your first choice is full we will proceed to your second choice and then your third choice. Labs fill up first come, first serve. This is an enrichment program. It is not for credit.

- | | |
|--|--|
| <input type="checkbox"/> Builders' Workshop | <input checked="" type="checkbox"/> Movie Magic FULL |
| <input type="checkbox"/> Game Design | <input type="checkbox"/> Robotics |
| <input checked="" type="checkbox"/> Mini-Med School FULL | <input type="checkbox"/> Lemonade Stand - Microbusiness |

Academy T-Shirt Size

T-shirt is included in the price of the academy.

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Other, Indicate size _____

Parent/Guardian Info.

| | | |
|-------------------------|---------------|------------|
| NAME | HOME PHONE | CELL PHONE |
| RELATIONSHIP TO STUDENT | EMAIL ADDRESS | |

Emergency Contact

| | | |
|-----------------|-------------------------|--------------|
| CONTACT #1 NAME | RELATIONSHIP TO STUDENT | PHONE NUMBER |
| CONTACT #2 NAME | RELATIONSHIP TO STUDENT | PHONE NUMBER |

In case of illness or other emergency, WHEN PARENT IS UNAVAILABLE, I hereby authorize a representative of the school to make such arrangements as he/she deems necessary for my child to receive medical or hospital care, including transportation. Under such circumstances I further authorize the physician listed below to undertake such care and treatment of my child as needed.

| | |
|-------------------|---------------|
| PHYSICIAN NAME | PHONE NUMBER |
| HOSPITAL | PHONE NUMBER |
| INSURANCE CARRIER | POLICY NUMBER |

- Food Allergies, medications, or other health concerns. Please explain: _____
- I agree to the academy policies and I agree that my child will abide by academy policies.
- I give permission for my child to be photographed during the course of the academy. These photos may be used in future promotional materials for the CART Summer Academy.

PARENT SIGNATURE

DATE

Return completed applications with payment to CART by June 3rd. Fee: \$199. Fee after June 3rd is \$250.
CART High School | CART, 2555 Clovis Ave., Clovis, CA 93612