



**Summer Academy**  
Incoming 4-7th graders

**June 12 - June 16**  
Mon. - Fri. 8 - 11:30am

**2023 REG FORM**

**Cost: \$199** by June 2nd or **\$250** after June 2nd  
For more information visit [www.cart.org](http://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"/> Builder's Workshop          | <input type="checkbox"/> Optical Illusions                       |
| <b>FULL</b> <input type="checkbox"/> Game Design     | <b>FULL</b> <input type="checkbox"/> Robots, Rockets & Airplanes |
| <b>FULL</b> <input type="checkbox"/> Mini-Med School | <input type="checkbox"/> Lemonade Stand - Microbusiness          |
| <input type="checkbox"/> Pixel Playground            |  |

### 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
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Return completed applications with payment to CART by June 2nd. Fee: \$199. Fee after June 2nd is \$250.  
CART High School | CART, 2555 Clovis Ave., Clovis, CA 93612