



KIDS ET CETERA DAY CAMP



4718 Farragut Road, Brooklyn, NY 11203

tel#: (718) 282- 6210 • Fax: 718-282-5615 • Website: www.greatoakselementary.org

Summer Academic Advancement Enrichment Form

OFFICE USE ONLY:

Date Received _____

Amount Paid _____

Staff Initial _____

Student's Information

Student's Name: _____
(Last Name) (First Name)

Date of Birth :__ - __ - __ Age: _____ Circle your last **GRADE:** K 1 2 3 4 5 6 7 8

Email Address: _____

Address: _____
(City) (State) (Zip Code)

School Attending: _____

Was student recommended for promotion? Yes No

Areas of advancement emphasis: Math ELA

Preparation for Specialized High School Examination Grades 6-8

Full Week : Days ONLY: _____, _____, _____, _____, _____

Advancement Preference

ALL FEES MUST BE PAID IN ADVANCE

Classroom \$*170.00/190.00 per week 09: 00a.m - 3:00p.m.

Classroom and Camp \$*190.00/200.00 per week 07: 00a.m - 6:00p.m.

Daily Rate \$50.00 per day 09:00a.m. - 3:00p.m.

Individual Rate \$35.00 per hour 3:00p.m. - 6:00p.m.

*******Registration fee of \$80.00/\$85.00 must be submitted with application*******

*** (Special rates and discount for Great Oaks Students Only)**

Family Information-Parent/Guardian

Name _____ Social Security #: ___/___/_____
(Last Name) (First Name) (MUST BE COMPLETED)

Email: _____ Phone Number: _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

Will your child be in summer camp? Yes No

How will your child leave the program? _____

Parent Signature: _____ Date: _____

***Goes students Only**

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