



MCAS Boot Camp Program

Student Information

First Name _____ Last Name _____

Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Current School _____ Grade _____

Math Teacher _____ Email Address _____

English Teacher _____ Email Address _____

Is student on an IEP? Yes No

Does student have any learning disabilities? Yes No

If so, please explain.

Any other pertinent information, including allergies _____

Parent/Guardian Information

First Name _____ Last Name _____

Relationship to student _____

Address _____ City _____ State _____ Zip _____

check if same as students

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____



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Pick-Up Information Please indicate the individuals allowed to pick-up your child from the MCAS Boot Camp Program.

Person 1	Phone
Relationship to student	
Person 2	Phone
Relationship to student	
Person 3	Phone
Relationship to student	

Enrollment Information Please indicate your program of choice. Be sure to mark all additional options as well.

<h2>MCAS (English Language Arts)</h2> <h3>February 21-24, 2012</h3>		Grades: 3-8 Days/Hours: 4 days, 9:00 AM – 2:00 PM Program Includes: <ul style="list-style-type: none"> • 3 hours of academic study • 1.5 hours of enrichment activities • Snack • Lunch is <u>not</u> included
<input type="checkbox"/>	"Early" Early Bird \$247	Payment received prior to January 27, 2012
<input type="checkbox"/>	Early Bird \$257	Payment received after January 27, 2012, but prior to February 10, 2012
<input type="checkbox"/>	Pre-Pay \$267	Payment received after February 10, 2012
Early Drop-Off \$25	<input type="checkbox"/> Yes <input type="checkbox"/> No	8:15 AM – 8:45 AM
Extended Day \$25	<input type="checkbox"/> Yes <input type="checkbox"/> No	2:00 PM – 2:30 PM
Late Pick-Up Fee		\$20/15-minute increment

<h2>MCAS (Mathematics)</h2> <h3>April 17-20, 2012</h3>		Grades: 3-8 Days/Hours: 4 days, 9:00 AM – 2:00 PM Program Includes: <ul style="list-style-type: none"> • 3 hours of academic study • 1.5 hours of enrichment activities • Snack • Lunch is <u>not</u> included
<input type="checkbox"/>	"Early" Early Bird \$247	Payment received prior to March 23, 2012
<input type="checkbox"/>	Early Bird \$257	Payment received after March 23, 2012, but prior to April 6, 2012
<input type="checkbox"/>	Pre-Pay \$267	Payment received after April 6, 2012
Early Drop-Off \$25	<input type="checkbox"/> Yes <input type="checkbox"/> No	8:15 AM – 8:45 AM
Late Pick-Up Fee		\$20/15-minute increment



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Payment Information Checks should be made payable to **ACLC** with the child's name in the memo line. Payments must be received within 5 business days of submission of the enrollment form. The enrollment form will not be processed until payment is received. Mail to: **ACLC, 946 Washington Street, Dorchester, MA 02124**

Enrollment Agreement

- I understand that this registration form must be completed in full and accompanied by the full tuition payment.
- Tuition for each month is due by at least 5 business days before the start of the new month.
- There will be no refund for missed days.
- If for any reason your child is unable to attend, a minimum of 24 hours notice of absences must be given.
- Students are expected to complete and turn in all assignment at the next session. The student should work independently as much as possible on their assignment(s).
- I understand that it is my responsibility to bring any special concerns about my student to the director's attention upon registration.
- ACLC reserves the right to withdraw any student when, in the director's judgment, the student's and/or family's behavior interferes with the rights and/or safety of others, the smooth functioning of the program, or violates the program's principles of conduct.
- During the program, staff members and/or professional photographers take photos and videos for marketing purposes which may include the child(ren) listed on this registration form. Parents/guardians may refuse any or all commercial use of photos and videos related to specific children, provided that a written request is received by the director prior to the start of the program.

I accept the details of the Enrollment Agreement described above.

Parent/Guardian Name

Parent/Guardian Signature

Date