

# Summer Oaks 2011 Registration

Student's Name \_\_\_\_\_ Student's Grade in Fall 2011 \_\_\_\_\_

For additional students, copy this form or download it at [www.liveoaksf.org/summeroaks](http://www.liveoaksf.org/summeroaks)

1. Find courses by student's grade. *Grade is student's entering grade in Fall 2011.* 2. For each course/week you choose, **circle the offered session (am/pm)**. 3. Within each week column, check that you have only one selection (for half-day attendance) or only one am and one pm (for full-day attendance). 4. For discounted, prepaid morning and/or afternoon extended care circle "any" at the end of this course list. 5. Enter totals in last column and **complete the reverse**.

Grade	Course	6/20	6/27	7/5	7/11	7/18	7/25	8/1	8/8	\$/W	#W x \$
K-1	K-1 Program Morning	am	am	am	am	am	am	am	am	\$160	
K-1	K-1 Program All Day	all	all	all	all	all	all	all	all	\$300	
2-3	Jewelry Making Madness	am	am	am	am					\$160	
2-3	Become a Rock Climber					am	am	am	am	\$160	
2-3	Spa Oaks					am	am	am	am	\$160	
2-3	Cooking Basics					pm	pm	pm	pm	\$170	
2-4	A Literary Tea Party	am	am							\$160	
2-5	Ballin' Baskets	pm	pm	pm						\$150	
2-5	Dolphin Swimmers	am	am	am	am					\$170	
2-5	Math Detectives	am	am	am	am					\$170	
2-5	San Francisco Discovery	pm	pm	pm	pm					\$150	
2-5	What is a Print?	pm	pm	pm	pm					\$170	
2-5	Make It Medieval				am	am				\$170	
2-5	Don't Get Bored				pm	pm				\$160	
2-5	Drum Circle Jam Session				pm	pm	pm	pm		\$160	
2-5	Rocket Science					am	am	am	am	\$170	
2-5	Maximum Moves						am	am	am	\$160	
2-5	Urban Farming						am	am	am	\$160	
2-5	Kung Fu Fun						pm	pm	pm	\$160	
3-5	Creative Writing				am	am	am			\$175	
4-5	Jewelry Making Madness	pm	pm	pm	pm					\$160	
4-5	Tennis				am	am	am			\$160	
4-5	Cooking Basics					am	am	am	am	\$170	
4-5	Become a Rock Climber					pm	pm	pm	pm	\$160	
4-5	Spa Oaks					pm	pm	pm	pm	\$160	
6-8	Become a Rock Climber	am	am	am						\$160	
6-8	LOS Can Cook	am	am	am	am					\$160	
6-8	Mosaics	am	am	am	am					\$170	
6-8	Urban Spray Painters	pm	pm	pm						\$160	
6-8	MS Math Review	pm	pm	pm						\$175	
6-8	Jewelry Making Madness	pm	pm	pm	pm					\$160	
6-8	Digital Media		pm							\$175	
6-8	Babysitting/Junior CIT				am	am	am			\$160	
6-8	Tennis				am	am	am			\$160	
6-8	Creative Writing				pm	pm	pm			\$175	
6-8	Forward Fashionista				pm	pm	pm			\$170	
6-8	Spa Oaks					pm	pm			\$160	
7-8	Video Production				am	am				\$170	
7-8	Indie-Rock-Pop Band				pm	pm	pm			\$170	
7-8	Digital Photography					pm	pm			\$170	
K-8	<b>Extended Care Prepay</b>	any	any	any	any	any	any	any	any	\$75	

Total \$ »

5% Discount Early Bird Registration by April 18: Total x .05 » -

5% Discount Younger Sibling (oldest sibling name \_\_\_\_\_): Total x .05 » -

20% Discount July 4th Week: 7/5 Courses and Extended Care Total x .20 » -

Grand Total »

**Non-Refundable Deposit (\$50 per week attending, due with registration) » -**

Balance (payable weekly before start of each course): Grand Total - Deposit »

**Complete the reverse »**

**Student Information**

Name \_\_\_\_\_

School in Fall 2011 \_\_\_\_\_ Grade in Fall 2011 \_\_\_\_\_

**Payment Information**

Deposit Amount (from reverse) \_\_\_\_\_  check to Live Oak School  credit card

Visa/Mastercard # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Balance due authorization  one charge beginning with first course  charges by the week

**Parent Information**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City + Zip \_\_\_\_\_ City + Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Student's legal guardian  yes  no Student's legal guardian  yes  no

Additional Emergency Contact and Relationship to Student:

\_\_\_\_\_

In addition to all of the above, the following people may pick up my child:

\_\_\_\_\_

**Medical Information**

In case of emergency, I authorize Live Oak School to consent to any medical treatment and/or hospital care for my child under the supervision of a licensed physician.  yes  no

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Membership # \_\_\_\_\_

Allergies \_\_\_\_\_ Reactions \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Medications \_\_\_\_\_

**Field Trip and Photo Release**

Student has permission to attend field trips associated with courses in which he/she is enrolled.

Parent Signature and Date \_\_\_\_\_

Student has permission to appear in photos that may be used for Summer Oaks press or promotion.

Parent Signature and Date \_\_\_\_\_

**Detach and Return to Live Oak School/Summer Oaks**

1555 Mariposa Street, San Francisco, CA 94107