

# Summer Oaks 2010 Registration

Student's Name \_\_\_\_\_ Student's Grade in Fall 2010 \_\_\_\_\_

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 2010.* 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	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	\$/W	#W x \$
K-1	K-1 Program Morning	am	am	am	am	am	am	am	am	\$150	
K-1	K-1 Program All Day	all	all	all	all	all	all	all	all	\$275	
2-3	Comic Creations	am	am							\$170	
2-3	Look! (I Made a Book)		pm	pm	am					\$160	
2-3	Become a Rock Climber					am	am	am	am	\$160	
2-3	Cooking Basics					pm	pm	pm	pm	\$170	
2-3	Spa Oaks					am	am	am	am	\$160	
3-5	Splat: Science Olympics					am	am			\$175	
2-5	San Francisco Discovery	pm	pm	pm	pm		pm			\$150	
2-5	Dolphin Swimmers	am	am	am	am					\$170	
2-5	World Cup Mania	am	am	am	am					\$150	
2-5	What is a Print?	pm	pm	pm	pm					\$160	
2-5	Drum Circle Jam Session				pm	pm	pm	pm		\$160	
2-5	Outdoor Game Mania					am	am	am	am	\$150	
2-5	Storytelling with Paper					pm	pm	pm	pm	\$160	
2-5	Make It Medieval							am		\$160	
3-5	Ballin' Baskets	am	am	am						\$150	
4-5	Comic Creations	pm	pm							\$170	
4-5	Creative Writing				am	am	am			\$175	
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	
4-5	Splat: Science Olympics					pm	pm			\$175	
6-8	Draw	am	am	am	am					\$160	
6-8	LOS Can Cook	am	am	am	am					\$160	
6-8	City by the Bay Tour	pm	pm	pm	pm					\$150	
6-8	MS Math Review	am	am	am						\$175	
6-8	Become a Rock Climber	pm	pm	pm						\$160	
6-8	Babysitting/Junior CIT				am	am	am			\$160	
6-8	Drum Circle Jam Session				am	am	am			\$160	
6-8	Tennis				am	am	am			\$150	
6-8	Creative Writing				pm	pm	pm			\$175	
6-8	Digital Photography				pm	pm	pm			\$170	
6-8	Programming with Scratch					am	am			\$170	
6-8	Spa Oaks					pm	pm			\$170	
7-8	SSAT Prep Math				am	am				\$200	
7-8	SSAT Prep Verbal				pm	pm				\$200	
K-8	<b>Extended Care Prepay</b>	any	any	any	any	any	any	any	any	\$75	

Total \$ »

5% Discount Early Bird Registration by April 19: Total x .05 » -

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

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 2010 \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

**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