

## Summer Adventures in Learning

Student Name:
Grade (24-25 School Year)
Parent's Name:
Cell Phone #
Parent Email Address:
Emergency Contact Name/Number:
Food allergies/Medical needs:
In regard to my child,
The cost is \$125.00, which will be taken out of your <b>FACTS</b> account.  Parent  Signature:
Form can be returned to Amy Gallagher.