

# Registration Information

## The Sharon Academy Summer Program 2009

*Please Return this form to TSA by: Friday, May 30, 2009*

### GENERAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Birthdate:    /    /                      Gender:        Male    Female  
Age: \_\_\_\_\_                      Grade:        7    8    9    10    11    12    other \_\_\_\_\_  
School: \_\_\_\_\_                      Shoe Size (for climbing only): \_\_\_\_\_ M/W  
Transportation to and from TSA: \_\_\_\_\_

**YES/NO**      TSA has my permission to use and publish photographs of my student/me which may be included in print and electronic publications (web).

**YES/NO**      TSA has permission to administer acetaminophen or ibuprofen or Benadryl to my student if necessary.

### CONTACT INFORMATION:

Person with whom we should confirm this registration: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relation to student: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relation to student: \_\_\_\_\_

### HEALTH INFORMATION:

Please describe any health problems your child has in the space below. Include any allergies, heart problems, asthma, diabetes, orthopedic problems, epilepsy, chronic illness, major accidents, injuries, major surgeries, etc. PLEASE BE AS SPECIFIC AS POSSIBLE. If there are no health problems, write "none". \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is taking: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
When professionally deemed necessary, hospital or emergency personnel have permission to provide appropriate medical care. (initial)  
Insurance Information: \_\_\_\_\_  
Date of current physical on file: \_\_\_\_\_

If you have any questions or concerns, please direct them to Elly Boerke, Director of Development, at 802-763-2500 ext.118 or eboerke@sharonacademy.net

**REGISTRATION:** Please designate which class(es) you would like to take:

**Art**

- |                                                                          |             |
|--------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Silk Painting – Laura Perry                     | \$30 + \$15 |
| <input type="checkbox"/> Textured Surfaces and Sketchbooks – Laura Perry | \$40 + \$10 |
| <input type="checkbox"/> Printmaking 1 Day Workshop– Laura Perry         | \$30 + \$15 |
| <input type="checkbox"/> Life Drawing Beginner/Intermediate– Laura Perry | \$40 + \$8  |
| Individual Lesson                                                        | \$10 + \$2  |
| <input type="checkbox"/> Still Life Drawing – Laura Perry                | \$30 + \$8  |
| Individual Lesson                                                        | \$10 + \$2  |

**Other**

- |                                                              |       |
|--------------------------------------------------------------|-------|
| <input type="checkbox"/> SAT Prep Course – Brian Tonks       | \$275 |
| <input type="checkbox"/> Advanced Game Art – Brandon Pheonix | \$300 |

**Tutoring**

- |                                                              |           |
|--------------------------------------------------------------|-----------|
| <input type="checkbox"/> Spanish – Mary Newman               | \$35/hour |
| <input type="checkbox"/> Math and Science – Christian Durgin | \$35/hour |

**TOTAL DUE:** \$ \_\_\_\_\_

**Before returning this to The Sharon Academy, please ensure you have the following:**

- I have enclosed the registration form and it is filled out to its entirety.
- I have enclosed the signed waiver (only applicable if participating in the climbing course).
- I have enclosed a check(s) in the amount of \$\_\_\_\_\_, **payable to the Instructor of the Individual Course** (Yes, this means if you have two or more different instructors; you need to send a separate check for each instructor. If you are taking two classes with the same instructor, one check is appropriate. We appreciate your patience with us in this payment process).

**Please return the above forms and payment to:**

The Sharon Academy • PO Box 207 • Sharon • Vermont • 05065

**CONFIRMATION**

Thank you for your interest and participation in The Sharon Academy's Summer Program! We will be in touch with you shortly in order to confirm your registration. For tutoring, we will have the individual tutors contact you with rates and scheduling information.

If you have any questions or concerns, please direct them to Elly Boerke, Director of Development, at 802-763-2500 ext.118 or [eboerke@sharonacademy.net](mailto:eboerke@sharonacademy.net)