

DELPHI Summer



ESL Summer Camp 2008 Application

Date _____

Name of Applicant _____ English Name _____

Date of Birth ____/____/____ Age _____ Current grade level _____

Current school (Name/City/Country) _____

How did you hear about Delphi Summer Camp? _____

CONTACT INFORMATION

Parents' Names: _____

Address: _____

City/State/Zip/Country: _____

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

Mom's Email: _____ Dad's Email: _____

Local Guardian's Name: _____

Address: _____

City/State/Zip: _____

Guardian's Home Phone: _____ Guardian's Email: _____

Guardian's Work: _____ Guardian's Cell: _____

Please check all the weeks your child will be attending camp. Four consecutive weeks is the minimum attendance.

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> June 23 — June 27 | <input type="checkbox"/> July 21 — July 25 |
| <input type="checkbox"/> June 30 — July 3* | <input type="checkbox"/> July 28 — Aug 1 |
| <input type="checkbox"/> July 7 — July 11 | <input type="checkbox"/> Aug 4 — Aug 8 |
| <input type="checkbox"/> July 14 — July 18 | <input type="checkbox"/> Aug 11 — Aug 15 |
| | <input type="checkbox"/> Aug 18 — Aug 22 |

* Camp will be closed on Friday, 4th of July, in observance of Independence Day.

(application continued on reverse)

ESL Summer Camp 2008 Questionnaire

1. What would you most like your child to experience at Delphi Summer Camp?
 2. What would your child like to accomplish at Delphi Summer Camp?
 3. How long has your child studied English?
 4. What is your child's present level of English?
 - Beginner
 - Intermediate
 - Advanced
-

If the answer to any of the following questions is "yes" please explain in full on a separate sheet of paper.

1. Has your child ever had physical, mental, emotional, academic, or disciplinary difficulties? Yes/No
2. Has he/she ever been prescribed a medical drug for hyperactivity or study difficulty? Yes/No
3. Are there any restrictions regarding his/her physical activity? Yes/No
4. Does your child have any difficulty speaking, reading or writing in his native language? Yes/No

I certify that the above is complete and true and that the Applicant is a normal child who is a safe companion for other children. Delphi Academy reserves the right to dismiss a camper if it is believed to be in the best interest of the camp and/or the child.

I understand that a one-time application fee of \$100.00, an application form, emergency medical forms and a non-refundable deposit of \$350.00 are required to secure a space in the camp for my child. Initial payment for a new camper is \$450. Upon signature of this form I am agreeing to pay all fees for the camp weeks I have chosen. No refunds of summer fees or deposits can be made for any reason whatsoever.

Signature of Parent or Legal Guardian

Date



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