

# Delphi Academy™ of Los Angeles

# Summer Camp 2018

*For a great summer of fun  
and learning!*

## Summer Camp Application

Today's date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age when starts program: \_\_\_\_\_

What Grade Level? \_\_\_\_\_

How did you hear about Delphi Summer Program? \_\_\_\_\_

### **Family Information**

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Mom's Cell: \_\_\_\_\_ Mom's Work: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Please check all the weeks your child will be attending.

- |  |  |
|--|--|
| <input type="checkbox"/> June 18 — June 22 | <input type="checkbox"/> July 16 — July 20 |
| <input type="checkbox"/> June 25 — June 29 | <input type="checkbox"/> July 23 — July 27 |
| <input type="checkbox"/> July 2 — July 6*  | <input type="checkbox"/> July 29 — Aug 3   |
| <input type="checkbox"/> July 9 — July 13  |  |

\* We will be closed on Wednesday, July 4<sup>th</sup>, in observance of Independence Day.

(application continued on reverse)

# Summer Program Questionnaire

1. What do you most want your child to experience at Delphi Summer Camp?
  2. Which of your child's qualities do you respect and admire the most?
  3. What does your child want to accomplish at Delphi Summer Program?
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If the answer to any of the following questions is "yes" please explain in full on 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

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 student if it is believed to be in the best interest of the school and/or the child.

I understand that a one-time application fee of \$50.00, an application form, emergency medical forms and a non-refundable deposit of \$350.00 are required to secure a space for my child. No application fee is required for students from previous summer programs. The balance of the summer program fee is due before the child's first day of enrollment. Upon signature of this form I am agreeing to pay all fees for the weeks I have chosen. No refunds of summer fees or deposits can be made for any reason whatsoever.

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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DELPHI ACADEMY™ of Los Angeles** • 11341 Brainard Avenue, Lake View Terrace, CA 91342  
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