



Delphi Academy™ of Los Angeles

Summer Program 2019

For a great summer of fun and learning!

Summer Program 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 17 — June 21 | <input type="checkbox"/> July 15 — July 19 |
| <input type="checkbox"/> June 24 — June 28 | <input type="checkbox"/> July 22 — July 26 |
| <input type="checkbox"/> July 1 — July 5 * | <input type="checkbox"/> July 29 — Aug 2 |
| <input type="checkbox"/> July 9 — July 13 | |

* We will be closed on Thursday, July 4th, in observance of Independence Day.

(application continued on reverse)

Summer Program Questionnaire

1. What do you most want your child to experience at Delphi's Summer Program?

2. Which of your child's qualities do you respect and admire the most?

3. What does your child want to accomplish at Delphi's Summer Program?

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.

Signature of Parent or Legal Guardian

Date

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

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