



## METCO, Inc. Summer School Academic Program

# REGISTRATION FORM

*(Please Print or Type)*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

METCO District: \_\_\_\_\_

Grade Entering in September 2018: \_\_\_\_\_ Does the student have an IEP? YES \_\_\_\_\_ NO \_\_\_\_\_

**(if yes, please submit a copy)**

Has your child been recommended to attend an **Extended School Year** (ESY) program? YES \_\_\_\_\_ NO \_\_\_\_\_ (see IEP)

Has the student been asked to repeat the grade next year? YES \_\_\_\_\_ NO \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list below at least ONE Emergency Contact who is authorized to pick up your child during program hours.**

Emergency Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### PAYMENT INFORMATION

- Parents of students needing the ESY program (see above) should contact their METCO Director and/or Special Education Coordinator at their school for more information.
- The total fee for the summer school academic program is \$650.00. The Extended Day program is an additional \$400.00.
- A **\$100.00 NON-REFUNDABLE** deposit is required at the time of registration.

