

THE MBAF SUMMER SCHOOL PROGRAM

SUMMER SCHOOL APPLICATION FORM:

Academic Classes

Semester One: Monday June 28 to Thursday July 15

Semester Two: Monday July 19 to Thursday August 5

(July 4th Holiday will be observed on July 2nd - No School)

Class Times: 8:00 AM to 1:30 PM; Nutrition Break: 10:15 AM —10:30 AM

Activities/Physical Fitness Classes

Monday June 28 to Friday August 6

(July 4th Holiday will be observed on July 2nd - No School)

Class Times: After 2PM (Actual times will vary by activity so see class description.)

**Note: You must mail the completed registration information and tuition to:
Manhattan Beach Athletic Foundation, PO Box 1585, Manhattan Beach CA 90267-1585 or Fax to 310.379.4523.
Checks will be accepted with mail-in application or you can return to the MBAF site and pay on-line.
No confirmation will be made over the phone.**

2010 The MBAF Summer School Program Registration, Emergency Contact & Permission Form

(Fields with * MUST be filled in!)

Student's Legal Name (last, first, middle)* :

Student's Preferred Name:

Sex* : Date of birth (mm/dd/yy)* :

Street Address* :

City* : State* : Zip* :

Student Home Phone* : Student Cell Phone:

Student E-mail:

Grade Entering Fall 2010* : School Attending Fall 2010* :

Have you previously attended The MBAF Summer School Program High School?*

Parent or Guardian (Dr./Mr./Mrs./Ms.)* :

Emergency Information

Mother/Guardian* : Daytime Phone: Cell/Page:

Employer Contact:

Father/Guardian* : Daytime Phone: Cell/Page:

Employer Contact:

Is there any medication student MUST take during school hours?

Are there current health problems or allergies to drugs or foods (specify)?

In the event of illness or injury during school hours, contact*:

Where can the student's parents or guardian be contacted during school hours? If employed during school hours, please provide all pertinent information; employer, telephone numbers including cell and pager, department supervisor, etc.

In the event I cannot be reached, permission is hereby given for the physician or hospital designated below to provide emergency care for my child should serious illness/injury occur during school hours. I also authorize the principal or his/her designee (acting in representation for Mira Cost High School) to offer consent to medical attention by calling 911 and/or to offer consent as needed.

Physician Name, Address, Phone*:

Hospital Name, Address, Phone*:

Emergency information submitted by*:

E-mail Address*:

Date (mm/dd/yy)*:

Permission Information

We have read and discussed the Student Code of Conduct (on "start" web page) and accept the values and standards set forth. It is understood that inappropriate behavior that disrupts classroom learning or prevents others from enjoying an outing, is grounds for dismissal from the program.

My child has my permission to participate in walking field trips. I understand teachers will indicate in their newsletters where and when such trips will take place.

Yes or No:

Class Choices

You may choose one First Semester Class

All Classes meet from Monday June 28 to Thursday July 15
8:00 AM to 1:30 PM; Nutrition Break: 10:15 AM —10:30 AM
TUITION: Each class: \$250.00

First Semester Class (1st Choice):

First Semester Class (2nd Choice):

You may choose one Second Semester Class

All classes meet from Monday July 19 to Thursday August 5
8:00 AM to 1:30 PM; Nutrition Break: 10:15 AM —10:30 AM
TUITION: *Each class: \$250.00*

Second Semester Class (1st Choice):

Second Semester Class (2nd Choice):

You may choose one or two Activities/Physical Fitness Classes

Monday June 28 to Friday August 6
Class Times: After 2PM (Actual times will vary by activity so see class description.)
TUITION: *Each Full -Credit Activities/Physical Fitness Class if times DO NOT conflict, \$250.00*

1st Full-Credit Activities/Physical Fitness Class

2nd Full-Credit Activities/Physical Fitness Class

TUITION: *Each Half-Credit Activities/Physical Fitness Class if times DO conflict, \$140.00*

1st Full-Credit Activities/Physical Fitness Class

2nd Full-Credit Activities/Physical Fitness Class

PLEASE CAREFULLY REVIEW APPLICATION AND REFUND POLICY!

MBAF Summer School Program Refund Policy:

Full refunds of tuition and fees are granted if:

- 1) A course is cancelled by MBAF.
- 2) A course is filled before receipt of your registration form.
- 3) The course period is changed and the student cannot attend.

Partial Refunds (60%) are granted if:

The course is dropped by the student before the first day of class. This requires WRITTEN notification of the intent to drop/withdraw signed by the parent and received no later than noon on the first day of class.

No refunds of either tuition or fees will be issued after noon on the first day of class.

Name of person submitting application*: