



Smart Minds Application

All information will remain confidential

Student's Name	
Student's Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student's Entering Grade	
Student's School	
Student's Parent Name	
Student's Home Phone No	
Parent's Cell Phone No	
Parent's Email Address	
Parent's Home Address	

Please choose one session only and check the appropriate box.

Session 1 (June 11th - June 29th)	Session 2 (July 9th - July 27th)
Monday - Friday from 9:00 am - 12:00 pm	Monday - Friday from 9:00 am - 12:00 pm
<input type="checkbox"/> Entering 2 nd and 3 rd grade <input type="checkbox"/> Entering 4 th and 5 th grade <input type="checkbox"/> Entering 6 th and 7 th grade	<input type="checkbox"/> Entering 2 nd and 3 rd grade <input type="checkbox"/> Entering 4 th and 5 th grade <input type="checkbox"/> Entering 6 th and 7 th grade

Please check one:

- I would like to enroll my child in the Morning Program which includes math, science (Physics, Chemistry, Biology) and Archaeology classes (9:00 am-12:00 pm). The tuition is \$525 for this program.
- I would like to enroll my child in the All Day Program (8:00 am - 5:00 pm). The tuition is \$925 for this program.

Does your child have any food allergies? ___No ___Yes If Yes, specify: _____

Classes are held at :

North Bible Church
 15678 N. Greenway-Hayden Loop, Suite 101
 Scottsdale, AZ 85260

To register, please mail your check (\$525 for the morning or \$925 for all day program) with a copy of this application (both pages) to:

**Smart Minds
 9670 E. Friess Dr.
 Scottsdale, AZ 85260**



Parental Agreement and Consent Form

As a parent or guardian of the minor named below, I give permission for my child to participate in Smart Minds Summer Academy program. In the event of any accident or injury involving my child, I grant permission to Smart Minds staff to obtain the services of a physician or Emergency Medical Technician for treatment and/or transport of my child to a hospital if it is deemed necessary. I further release Smart Minds LLC., its staff and instructors from all liabilities for injuries or damages arising out of personal injuries, excepting only liability, claims and expenses arising out of sole negligence of Smart Minds. I understand that I am responsible for making the school aware of any medical conditions or allergies or special limitations that my child may have. I further acknowledge that I have read and agree with Smart Minds Summer Academy policies.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____