



Summer Program Application

Keystone SMILES
PO Box 352; Knox PA 16232

Student Name:	
Student Home Address:	
In August 2010, student will enter what grade?	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Student Birth date:	
Student's Current Age:	
Student Allergies, Illnesses, Medication, Special Conditions, Care, or Instructions	
Parent Name:	
Parent Phone (s): Please indicate business, cell, home.	
Email Address:	
Names of sibling (s) attending:	

My child will attend: *Grade levels below indicate grades completed by student during 09-10 academic year.*

- Summer Preschool (\$35/week) Ages 3–5
- Summer Youth Corps Jr. (\$15/week) Kdg-3rd grades
- Summer Youth Corps (\$15/week) 4th-9th grades

My child will need:

- Before Care—7am–8am—\$2/day

Please send me:

- Preschool Scholarship Information

All Programs:

- 8am—4pm, Monday—Friday
- Programming concludes at 4 pm daily.
Parents have until 4:30 to pick up their children.
- Breakfast and Lunch provided daily (via Summer Food Program—paperwork required)