



# Summer SMILES Application

PO Box 352; Knox PA 16232

Student Name:	
Student Home Address:	
What grade will your student finish in May/June 2011?	<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 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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 10-11 academic year.*

- Preschool (\$35/week) Ages 3–5
- Juniors (\$25/week) Kdg-3rd grades
- Seniors (\$20/week) 4th grade+

**Please send me:**

- Parent Volunteer Program Information—*tuition assistance in exchange for volunteer service*

**All Programs:**

- 8:00 am—4:30 pm, Monday—Thursday
- Breakfast, Lunch and Snack provided daily (via Summer Food Program—paperwork required)