



Summer Program Application

Keystone SMILES
 PO Box 352; Knox PA 16232

Student Name:	
Student Home Address:	
In August 2009, 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:

- Summer Preschool (\$30/week)
 Ages 3–Kindergarten
- Summer Youth Corps Jr. (\$10/week)
 1st-4th grades
- Summer Youth Corps (\$10/week)
 5th-8th grades

My child will need:

- Before Care—7am–8am—\$1/day
- After Care—4pm–5pm—\$1/day

All Programs:

- 8am—4pm, Monday—Friday
- Breakfast and Lunch provided daily