

# NSU University School

NOVA SOUTHEASTERN UNIVERSITY

## 2019 SUMMER SCHOLARS (MIDDLE SCHOOL) REGISTRATION

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Name of School Currently Attending: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

- I/we understand that a minimum of 5 students are required to run a class. Enrollment in Summer Scholars requires each student to abide by the rules and policies of NSU University School as read in the student handbook. By signature, I/we accept financial responsibility for the Summer Scholars tuition and fees. **Once fees are paid, I/We realize that there are non-refundable and make-up days are unavailable.**

Initial: \_\_\_\_\_

- The use of my photograph and/or my child's photograph(s) in NSU University School publications, Web site, and/or advertisements is authorized.
- I/we hereby release and hold harmless Nova Southeastern University; it's Board and Officers and NSU University School, its officers, trustees, directors, employees, and agents from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which result while the student is taking part in all NSU University School summer programs/classes.
- **Non-University School parents must submit with this registration form the DH/HRS Form 3040(yellow) and the DH/HRS form 680 (blue) signed by a physician for each child. ALL students must submit the Authorization for Mediation/Treatment Form.**
- I/we hereby agree that I/we will be responsible for any loss, damage, or destruction by the student and is not responsible for any lost, stolen, or damaged personal property that my child brings to the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTER BY APRIL 12<sup>th</sup> TO RECEIVE A \$50 DISCOUNT PER CLASS

<p><b>June 10-July 12 (5 weeks) NO CLASS JULY 4<sup>th</sup></b>  <b>8:45am-11:45am</b>  <input type="checkbox"/> Strategic Learning.....\$1450  <b>July 29-Aug. 2 (1 week)</b>  <b>12:45pm-3:45pm</b>  <input type="checkbox"/> Reading &amp; Writing Strategies.....\$500  <input type="checkbox"/> Camp Nova ½ Day.....\$200          (Fill out Camp Nova Registration)</p>	<p><b>July 29-Aug. 2 (1 week)</b>  <b>8:45am-11:45am</b>  <input type="checkbox"/> Introduction to Middle School/CRISS.....\$500  <b>July 29-Aug. 2 (1 week)</b>  <b>12:45pm-3:45pm</b>  <input type="checkbox"/> Math Enrichment: Rising Grade 6.....\$500</p>
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**\*\*REGISTER FOR BOTH INTRO TO MIDDLE AND MATH ENRICHMENT YOU WILL RECEIVE 10% OFF THE SECOND CLASS WITH LUNCH PROVIDED BY CAMP NOVA\*\***

**Mother/Guardian/Co-Parent:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Father/Guardian/Co-Parent:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Emergency/Authorization to release:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pay By: Check • Cash • MasterCard • Visa • American Express**

Registration forms can be faxed or submitted to the Camp office located in the Lower School in the Business office

Make check payable to: **Camp Nova**

Cardholder's name: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_