



## SUMMER 2008

June 10 – August 21, 2008

Entering Gr. 1 – 12

*Our summer program is designed to give your child an extra boost for academic success in the upcoming 2008-2009 school year! Creative, energetic and experienced teachers will ensure that your child is exercising his/her brain and refining necessary skills, all the while having lots of fun doing it! We offer critical thinking, reading, writing and math classes to fit your child's many needs. Keep in mind that class size is limited to maintain optimum student to teacher ratios. For more information contact Doreen Choi at 281-491-7323 or Fax 281-265-2665*

### INSTRUCTOR QUALIFICATIONS:

Mrs. Ambreen A Nawaz

- Certified Teacher

- All grades, all subjects

Mrs. Doreen Choi, B.S.

- Certified Teacher (Hong Kong)

- focus in Math Pre-K - 6

Ms. Deborah Barriere.

-Certified Teacher K – 12, focus middle & high school Reading & Writing

### Schedule / Fee

Tuesday, Wednesday & Thursday:

10 a.m. – 12 p.m. Math & Critical Thinking Activities

3 p.m. – 5 p.m. ELA : Reading Comprehension / Writing / Vocabulary & Spelling

Lunch and More: 12 – 3 p.m. (Please bring your own lunch, bottled water is available for purchase. Fun activities and games after lunch.)

**Curriculum: Summer Bridge Activities, Bridge Reading or Math, SAT/10, Mad Minute, AOP Math**

**Learning environment: Home school coaching & setting**

**Tuition:** Non refundable summer camp registration fee \$50

AM or PM session \$30 / session

AM & PM session \$55 / day

**Extra \$15/day for lunch break.**

Purchase your own copy of books (see above) from the store.

**Discount: 10% discount before 4/10/08 5% discount before 4/20/08  
2nd child or more 10% OFF net tuition**

**Ratio 1:6**



# SUMMER CAMP 2008

## Registration Form

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ School District: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall 2008: \_\_\_\_\_ Student info (if any) \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (cell) \_\_\_\_\_

Payment: Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the following you are registered for:

- Enroll for \_\_\_\_\_ weeks from \_\_\_\_\_ to \_\_\_\_\_ Total fee: \$ \_\_\_\_\_
- Enroll by session: \_\_\_\_\_ Total fee : \$ \_\_\_\_\_
- Enroll by day \_\_\_\_\_ Total fee: \$ \_\_\_\_\_
- \$50 summer camp enrollment fee (non-refundable)

### **Cancellation Policy**

**Cancellations or changes must be made before May 15, 2008 for tuition refund less 20%.**

**Emergency cancellation after May 15 (medical proof needed) will receive tuition refund less 20%.**

**Summer Camp registration fee is non refundable!**

### **Emergency Information**

In case of an emergency, and in the event I cannot be reached by phone, I authorize CRYSTAL's staff or the instructor to take immediate steps for emergency treatment for my child. Neither CRYSTAL Children & Teacher Supply, nor the instructor or representatives will be held liable for medical fees. In the event of any emergency (illness or accident), the following individuals may be contacted.

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Person's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

List medicines to which your child is allergic to: \_\_\_\_\_

### **Waiver of Liability**

I, the undersigned, will not hold CRYSTAL Children & Teacher Supply, the instructor or representatives liable for injuries sustained by my child while on the premise of CRYSTAL Children & Teacher Supply.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_