



The Garvey School

Garvey School Summer Application 2020

950 Baychester Avenue, Bronx, New York 10475

*Required

Child's Name *

Age *

Grade *

Address

Apt

City

State

Zip

Phone *

Cell

Email

Primary Parent/Guardian Name

*

Parent/Guardian Work Number _____

Parent/Guardian Cell Number _____

Emergency Contact's Name 1 _____

Contact's Relationship 1 _____

Contact's Phone 1 _____

Emergency Contact 2's Name _____

Contact 2's Relationship _____

Contact 2's Phone _____

How many weeks would you like your child to be in the the summer program? Circle one:

1 2 3 4 5 6

By signing here, you agree to pay the non-refundable \$125.00 registration fee and attend at least two weeks of summer camp. You agree to pay the fee of \$225.00 per week. The summer camp tuition must be paid in full by the end of your child's first week.

x _____

Date: