



Summer Camp 2021

2955 Pineda Plaza Way, Suite 210,
Melbourne, FL 32940
(321) 544-0907

Online Classes Offered:

Mathematics Gr1-6, Pre-Algebra, Algebra 1, Geometry, Algebra 2, Pre-Calculus, Calculus AB/BC.

Language Arts (Reading & Writing) All Grades,

SAT & ACT College Prep,

Subject(s): (for Summer Classes)

Student Information

Last Name:

First Name:

Date of Birth:

Gender:

Grade: (Fall 2021)

Parent Information

Last Name:

First Name:

Home Phone:

Cell Phone:

Parent's Email:

Residence

Address Line 1:

City:

State:

Zipcode:

Emergency Contacts

Emergency 1: Last Name:

First Name:

Cell Phone:

Relationship:

Emergency 2: Last Name:

First Name:

Cell Phone:

Relationship:

Platform used: Microsoft Teams:

After registration, User ID and Password will be emailed to you.

Note: Please Print the form, Complete, Scan, and email the completed form to frontdesk@bernardacademy.com. One application per student.

Please initial below:

Inappropriate behavior will not be tolerated. Any child exhibiting any of the following behaviors will be immediately suspended from the premises: Violence, sexual harassment, endangering the safety of fellow students/staff, any type of discrimination, theft, verbal abuse, and possession of any type of weapon. The child's parent/guardian will be called, and further action will be taken. Any determinations of the child's continued participation in the program will be made after discussions with the parent/guardian.

Initial:

I (Parent/Guardian) will ensure that my child will follow all rules and directions of the staff at Bernard Academy for their safety and enjoyment of the program.

Initial:

I (Parent/Guardian) am aware that the registration for the summer program and full payment is required to guarantee placement in the selected summer classes.

Initial:

I (Parent/Guardian) understand that the study materials provided are for the student in this agreement only and cannot be shared with others.

Initial:

I (Parent/Guardian) understand that Bernard Academy has a **NO REFUND** policy for all services provided.

Initial:

I (Parent/Guardian) affirm that all information provided above is accurate to the best of my knowledge and I will contact and update Bernard Academy as soon as any of the information needs to be updated.

Parent/Guardian Signature: _____ **Date:** _____