

519 Ordway Avenue | Bowling Green, OH 43402 | p: 419.378.3044 | sleekacademy.us

2021-2022 SUMMER PROGRAM ENROLLMENT

Designed for **kindergarten through sixth-grade students**, the Sleek Academy hosts Camp Inventions from National Hall of Fame of Inventors programs to keep your youngsters learning throughout the summer months. The programs includes: **Open Mic, Duck Chuck, Solar Bot** and **Road Rally.**

Child's Name:							
Da	te of Birth: Curren	t Age/Grade:					
Pai	Parent's Name:						
Ad	Address:						
City/State/Zip:							
Но	me Phone: Work Phone:	Cell Phone:					
E-1	Mail(s):						
SUMMER PROGRAM OPTIONS (Select One)		PROGRAM ORDER & DATES:					
•	Camp Invention, STEAM Program Plus Includes the summer program activities and before and after care at All About the Kids Learning Center, LLC (AATK). Students must bring a packed lunch. Activities begin June 14th through July 9th;	Week One, June 14, 2021: Open Mic Week Two, June 21, 2021: Duck Chuck Week Three, June 28, 2021: Solar Bot Week Four, July 5, 2021: Road Rally					
•	9a-11a Monday through Friday.						
*The hours of operation for AATK are 7:30a-5:20p Monday through Friday. Summer care begins June 14th through August 13th.							
•							
•	Activities begin June 14th through July 9th; 9a-11a Monday through Friday*.						
• \$70 per week plus a one-time non-refundable summer enrollment fee of \$150.00, due upon registration. *Children must be picked up by 11am or a full rate will be charged; \$26 per day.							
I have read and understand the enrollment portion, program options and payment process outlined in this contract. The undersigned is/are fully responsible for payment according to this contract.							



519 Ordway Avenue | Bowling Green, OH 43402 | p: 419.378.3044 | sleekacademy.us

2021-2022 EMERGENCY CONTACT & HEALTH INFORMATION FORM

In order for your child(ren) to participate in the summer program and activities, please fill in the emergency contact and health information below.

Child's Name:			
Date of Birth:	First Day	in Program:	
Home Address:			
City/State/Zip:			
Allergies:	Medications:		
Special Health or Medical Condition	ons:		
Physician or Preferred Hospital:		Phone:	
Address:			
Mother's Name:			
Address:			
City/State/Zip:			
Home Phone:	Work Phone:	Cell Phone:	
E-Mail(s):			
Best method to reach you while y	our child is enrolled in this	s program?	
Father's Name:			
Address:			
City/State/Zip:			
Home Phone:	Work Phone:	Cell Phone:	
E-Mail(s):			
Best method to reach you while y	our child is enrolled in this	s program?	

2021-2022 EMERGENCY CONTACT & HEALTH INFORMATION FORM Continued

Emergency contact in the event a parent cannot be reached:					
Name:					
Home Phone:	Cell Phone:				
Relationship to Child(ren):					
	secure emergency transportation for my child incy treatment. The emergency transportation se				
Parent/Guardian name - PRINT	Parent/Guardian name - Signature	Date			
Please include any other information y	ou'd like us to know about your child while he	/she joins us for our			
summer program:					