



2010 Summer Learning Enrichment

Please complete and mail to: 8000 SW 112 Street, Miami, FL 33156
Additional information contact: 305 235-1313

Registration Form

Student Name _____ Parent's Name _____

Address _____ City _____ State _____ Zip Code _____

Work Ph. () _____ Home . () _____ Cell . () _____

Current School _____ Email Address: _____

Date of Birth _____ Age _____ Grade Entering _____

Week of June 28th Week of July 6th Week of July 12th Week of July 19th

Week of July 26th Week of Aug 2nd

(program hours: 9am – 2pm)

PROMOTIONAL/MEDIA RELEASE: During the summer, The Roig Academy, Inc. may reproduce or participate in videotape, motion picture, audio recording, or still photography that involves the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by Roig Academy, Inc. and may be copied, copyrighted, edited and distributed by Roig Academy. News media, including representatives of school publications, television, radio, newspapers, magazines, and websites often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or featured stories by print, television or radio media.
You have the right to consent or object to the use of your child's voice name, picture or voice in these productions and may do so by checking your preference.

Please initial Media Release: consent(_____) object(_____)

Is your child taking medication? (The Roig Academy is not responsible for storing or dispensing student medication)

Medication _____ Dosage _____ Times per Day _____

Emergency Contact Information:

In case parent cannot be reached please contact:

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

List any known allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ATTENDING THE ROIG ACADEMY.

Parent Signature _____ Date _____

Registration fee (\$90.00) is non-refundable. (please initial _____)

Who can we thank for referring you? _____

OFFICE USE ONLY

Deposit Rec. _____ / Check # _____ / Amount _____ / Balance: _____ / PAID IN FULL: _____ : Check#: _____