



**If your child is not an applicant to our 2010-11 school year program, it would be helpful if you would send copies of any previous psychoeducational testing or school information that could assist us in working with your child.**

Health information: (allergies, medications, chronic conditions):

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Physician prescribing any medication taken during summer program:

\_\_\_\_\_  
Name (\_\_\_\_\_) Phone number

### **Academy In Manayunk Summer Program**

Please read carefully, check the appropriate box based on program selection and then sign the bottom of this form. The signature of the parent or guardian below indicates agreement with the following:

I agree to pay the stated fee named on the application for the Academy In Manayunk Summer Program. I understand that a \$100 application fee is to accompany the application and a deposit of 50% must be paid the day of the screening or by April 1, 2010 and that full payment is due on or before June 1, 2010.

#### **Please check the appropriate program(s) and services:**

- Morning Academic Program-Reading, Writing, Mathematics, Academic Club (\$1995)
- Combined Program with afternoon program (\$2790)
- Speech and Language and/or Occupational Therapy (\$85/session)
- Interactive Metronome (\$1500 for 15 sessions)
- Cogmed Working Memory (\_\_\$1600 at home; \_\_\_\_\$1800 at AIM for 25 sessions)

Please send the completed and signed application along with a check for \$100 of the fee to:  
Kathy Johnson, Head of Lower School, Director of Summer Program  
Academy In Manayunk Summer Program  
169 Conarroe Street  
Philadelphia, PA 19127

Please make check payable to **Academy In Manayunk**.

\*\*Deposits will be returned if enrollment is filled or if it is determined that the student's needs would not be appropriately met in our summer program.

Please share with us how you learned of the Academy In Manayunk's Summer Program:

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I agree to pay the stated fee to enroll my child in the AIM Summer Program.

\_\_\_\_\_  
Parent(s) Signature(s)

Date \_\_\_\_\_