



Summer Adventures in Learning 2010

REGISTRATION PROCESS

1. Complete Registration Form
2. Deposit of 50% (checks made out to LDACNY)
3. Membership Form (if applicable)
4. Scholarship Form (if applicable)
5. Return paperwork and deposit to:

**Learning Disabilities Association of CNY
722 W. Manlius Street
East Syracuse, NY 13057**

6. Before and after SAIL childcare is available through BASCOL (Before and After School Childcare on Location). They are a New York licensed provider. For more information and a registration packet check out their website: www.bascol.org

THINGS TO KEEP IN MIND

- Balance due by July 6, 2010.
- The second child in the family receives a 10% discount.
- LDACNY has a limited amount of scholarship money available. Scholarship applications must be received by 6/25/2010.
- LDACNY will send a confirmation of enrollment and class schedule by the first week in July.
- LDACNY will charge a 20% processing fee to withdraw your child from the program.
- Lunch will be from 12:00 to 12:30. Students must bring their own lunch and drink.

**IF YOU HAVE ANY QUESTIONS ABOUT SAIL
CALL LDACNY AT 315-432-0665 OR VISIT www.LDACNY.org**



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REGISTRATION FORM

CHILD'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

AGE: _____ PRESENT GRADE: _____ DATE OF BIRTH: _____

SCHOOL: _____

PARENTS' NAME: _____ E-MAIL: _____

HOME PHONE: _____ MOTHER'S CELL: _____

WORK PHONE: _____ FATHER'S CELL: _____

***PLEASE CHECK YOUR CLASS SELECTIONS BELOW**

| | |
|---|--|
| <input type="checkbox"/> READING <input type="checkbox"/> MATH <input type="checkbox"/> STUDY SKILLS/WRITING STRATEGIES <input type="checkbox"/> SOCIAL AWARENESS <input type="checkbox"/> ART <input type="checkbox"/> MUSIC <input type="checkbox"/> COMPUTERS | IF YOUR CHILD IS TAKING ONLY 3 OR 4 CLASSES PLEASE INDICATE PREFERENCE: <input type="checkbox"/> AM or <input type="checkbox"/> PM CLASSES ARE 45 MINUTES |
|---|--|

You may choose 3 classes, 4 classes, or 7 classes.
ALL CLASSES ARE BACK TO BACK

| FEES: | 3 CLASSES | 4 CLASSES | 7 CLASSES |
|---------------------|-----------|-----------|-----------|
| MEMBERS: | \$365.00 | \$465.00 | \$710.00 |
| NON-MEMBERS: | \$445.00 | \$540.00 | \$790.00 |

**THESE PRICES COVER THE ENTIRE 6 WEEK PROGRAM.
DEPOSIT OF 50% DUE AT TIME OF REGISTRATION. BALANCE DUE BY JULY 6, 2010.**

TOTAL AMOUNT DUE: _____

MEMBERSHIP FEE (if applicable): _____
(See Membership form)

AMOUNT ENCLOSED AT TIME OF REGISTRATION (50%): _____

BALANCE DUE BY JULY 6, 2010: _____

| | | |
|---|--------------------------------|--------------------------------|
| Visa <input type="checkbox"/> | Account Number | Cardholder Name |
| MasterCard <input type="checkbox"/> | Expiration Date | Signature |



***An additional 2.95% processing fee will be applied for use of VISA/MasterCard.