



Child Information

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| Child's Name: | Birth date | Gender | Grade just completed |
| Youth T-shirt size: S M L | | | |
| Child's home address, street & zip code: | | | |

Parent/Guardian Information

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|---|---|
| Name: | Name: |
| Relationship to Child: | Relationship to Child: |
| Home Address: | Home Address: |
| City, State, Zip: | City, State, Zip: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Work Address: | Work Address: |
| Work Phone: | Work Phone: |
| E-Mail: | E-Mail: |
| UW Affiliation: Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Classified <input type="checkbox"/> Student: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> | UW Affiliation: Faculty <input type="checkbox"/> Academic Staff <input type="checkbox"/> Classified <input type="checkbox"/> Student: Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> |
| Which Session(s) do you want? (Please check shaded box) | <input type="checkbox"/> SESSION 1 June 17 to June 28 |
| | <input type="checkbox"/> SESSION 2 July 1 to July 26 (no program Thursday, July 4) |
| | <input type="checkbox"/> SESSION 3 July 29 to August 16 |
| Which Daily Schedule do you want? (check 1) | <input type="checkbox"/> Monday through Friday 7:30-12:30 |
| | <input type="checkbox"/> Monday through Friday 7:30-3:30 |
| | <input type="checkbox"/> Monday through Friday 7:30-5:30 |
| Session 1 Fees: (Due 6/1) 7:30-12:30 \$470 7:30-3:30 \$705 7:30-5:30 \$780 | Session 2 Fees: (Due 7/1) 7:30-12:30 \$940 7:30-3:30 \$1,360 7:30-5:30 \$1,560 |
| Session 3 Fees: (Due 8/1) 7:30-12:30 \$705 7:30-3:30 \$1,020 7:30-5:30 \$1,170 | |

A separate non-refundable activity fee of **\$50/session (payable to WECP PTO)** is due with your signed contract.

We welcome all children to our Summer Meteor Program. Please help us by providing the following information:

Does your child have any special needs? ___Yes ___No ___I am unsure

If you answered "Yes" or "I am unsure", please explain: _____

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|---|
| Name of person submitting this form: _____ Date: _____ |
| Please submit your application to the address above with a \$25 application fee (waived for past and presently enrolled WECP children). All fees are due the first of each month. |

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| Office - Date Received: |
| L: Meteors/Application revised.docx 1/19 |