



2021 SUMMER PROGRAM

Presented by

Ben Bronz Foundation, Inc.

11 Wampanoag Drive, West Hartford, CT 06117

Phone (860) 236-5807 • Fax (860) 233-9945

STUDENT

First Name: _____ Last Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Gender:

Grade (Fall '21): _____ School (Fall '21): _____

How did you hear about our programs? _____

PARENTS

	MOTHER/GUARDIAN	FATHER/GUARDIAN
NAME		
ADDRESS (If different from above)		
CELL #		
HOME #		
WORK #		
EMAIL		

TRANSPORTATION

Parents arrange for and are responsible for all transportation to and from the premises.

Transportation will be provided by:

_____ Phone: _____
Name of Person or Bus Company

COMPUTER INFORMATION

Do you have a home computer? If yes, is it a PC or Mac? _____

Is the student currently enrolled in a fluency program?

If yes, please list name(s) of program(s).

Student Name: _____

ACADEMIC INFORMATION

Grades 2-6: Cyber LaunchPad Students: *(Please complete information below)*

Cyber LaunchPad students are required to have access to a home computer for daily use.

Which school subjects are your favorites? _____

Which skill(s) would you like to work on this summer? (Check up to three areas) Reading Writing Skills

Spelling Math Typing Communication Skills Organization/Study Skills

Child's T-shirt size: _____

Grades 7-12: Summer Study Skills Students: *(Please complete information below)*

I am interested in improving my Study Skills in the following areas (please check):

Studying Writing Skills Using My Computer to Study Math

Other: _____

I understand that I must bring my textbooks for one or two of my September 2021 courses and a book from my required summer reading list to the Study Skills program.

MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Any medical restrictions? _____

Allergies? _____

MEDICAL EMERGENCIES

In case of medical emergency, Ben Bronz Foundation, Inc. will immediately attempt to contact parents and/or emergency numbers.

Emergency Contact: _____ Relationship: _____ Phone: _____

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If the parents cannot be reached, I hereby give permission to Ben Bronz Foundation, Inc. to act on my behalf in case of medical emergencies.

Parent/Guardian Signature: _____

Student Name: _____

SESSION SELECTIONS			
Please check the weeks that your child will be attending. (Minimum of Two Weeks)		Cost	Amount
<input checked="" type="checkbox"/>	Non-refundable application fee *	\$50.00	\$ 50.00
<input type="checkbox"/>	Week 1: July 6- 9, 2021 (No Program on July 5 th)	\$449.66	
<input type="checkbox"/>	Week 2: July 12-16, 2021	\$562.07	
<input type="checkbox"/>	Week 3: July 19-23, 2021	\$562.07	
<input type="checkbox"/>	Week 4: July 26-30, 2021	\$562.07	
		Total Amount Due:	
* Non-Refundable Application Fee must be received with this application.			

Please check one:

\$50.00 Non-Refundable Registration Fee enclosed. Please invoice me the remaining amount.

Full Payment Enclosed.

Parent Signature: _____ Date: _____

***Please return completed application & \$50.00 Non-Refundable Registration Fee
(payable to Ben Bronz Foundation, Inc.) to:***

**Summer Programs
Ben Bronz Foundation, Inc.
PO Box 370065 - West Hartford, CT 06137-0065**

For office use only:

Summer Study Skills

Cyber LaunchPad

Split

THIS PAGE IS FOR PARENTS

Thank you for choosing our Summer Program for 2021. The dates are July 6- July 30, 2021 (*no program on July 5th.) Sessions are held for 4 hours daily, beginning at 8:30 am and ending at 12:30 pm. At this time, we are planning on attending classes in person. Parents are responsible for transportation to and from our premises. Students who stay for tutorials must bring their own lunch.

There is a \$50.00 Non-Refundable Registration Fee required upon registration. The cost is \$562.07 per weekly session for all weeks except Week 1 which is \$449.66 due to July 5th not being in session.

APPLY EARLY!

Four-week enrollment is highly recommended and will be given priority.

There is a two-week minimum for enrollment in Cyber LaunchPad and Study Skills. Students will be contacted in June, in the order that their applications were received, to confirm that the dates they wish to attend are available.

Once we have full enrollment, a waiting list will be created. If openings become available, students will be contacted in the order the applications were received.

Grades: 2-6 Cyber LaunchPad Students

For Cyber LaunchPad students, part of each day is spent on computers, project writing, or exploring creative software. Up to 10 extra minutes of computer time can be earned per day for playing games. The rest of the session is carefully planned to accommodate projects and exercises to enhance the specific skills that you pinpoint in this application.

Grades: 7-12 Summer Study Skills Students

Books

The student agrees to bring textbooks from one or two courses that he/she will be taking in the 2021-2022 school year and a reading book from an approved reading list. The student is to arrange with his/her teachers to borrow these books before the end of the school year.

For all Students

Cell Phones

Cell phones are not allowed during the summer program. All cell phones will be collected at the beginning of the day and will be returned to students at the conclusion of the day.

Health Forms

Each student must have a completed Health Form signed by a doctor prior to attending the summer program. Health forms are considered current for three years.

Medication

The "Authorization for the Administration of Medicines" form must be completed if your child will need any kind of medication.

Placement Screening

All students are required to have a placement screening prior to the start of the summer program. Once your child is registered you will receive more information.

Smoking

Smoking is not permitted on campus.

Transportation

Parents arrange for and are responsible for all transportation to and from the premises.