

Enroll Now!
415-457-6672



2017 Registration Form

Student Information: (please print)

Last name _____ First name _____ Tee Shirt Size: _____

Address _____ City _____ Zip _____

School _____ Grade in Fall _____ Age _____ Date of birth _____

Parent Information (please print)

Parent's Name: _____

Day Phone: _____ cell phone: _____ home phone: _____

Email: _____

"I am registering for the following SummerCrest 3-week sessions:"

Session 1: _____ all day (\$695) _____ morning only (\$490) _____ morn. & 1 afternoon class (\$620)

Session 2: _____ all day (\$695) _____ morning only (\$490) _____ morn. & 1 afternoon class (\$620)

Extended Day (billed separately later): Session 1 mornings _____ afternoons _____ occasionally _____
Session 2 mornings _____ afternoons _____ occasionally _____

Please list class selections:

Session 1: June 12 - June 30

Session 2: July 3 - July 21

9:00 - 12:05 _____

12:40 - 1:40 _____

1:45 - 2:45 _____

Method of Payment:

Check: Make checks payable to "SummerCrest." Please add your child's FULL NAME in the memo field of the check, and mail your check along with the registration form to SummerCrest.

Charge the amount of _____ to my credit card.

Credit card _____ Visa _____ MasterCard _____ Discover Card _____

Expiration Date _____

Name as it appears on credit card: (please print) _____

Complete your registration. There Are Four Ways to Complete Your Registration: Phone, Fax, Mail, or Email

1. **Phone** 415-457-6672

2. Download, print, and **Fax [this form](#)** to: 415-366-0898

3. Download, print, and **Mail [this form](#)** to: SummerCrest, PO Box 150506, San Rafael, CA 94915-0506

4. Download, print, scan, and **Email [this form](#)** to: marinsummer@earthlink.net

Please tell us how you heard about SummerCrest:

_____ attended last year _____ ad in the IJ _____ summer camp fair _____ web search
_____ ad in *Fast Forward* _____ from a friend _____ flier from school _____ other