

ARK Summer Academy on Vashon 2010

Registration Form

Student Name _____

Entering Grade _____ in Fall 2010

Parent/Guardian Name _____

If the student is currently an ARK client, who is your Educational Therapist? _____

Mailing Address _____

Phone Number(s) _____

Special Considerations to note (such as food allergies): _____

Email Address _____

Please check the course(s) you want to register for:

- _____ What's The Point?
- _____ Book Club for Girls
- _____ Middle School Jump Start

\$175 x _____ # classes = \$ _____

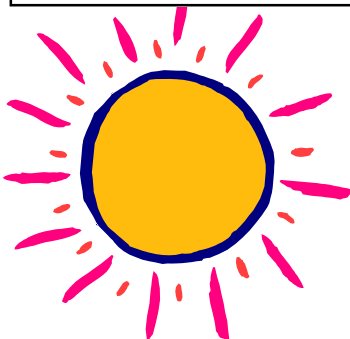
(Discounts available for siblings or multiple class enrollment)

Full tuition payment is required at the time of registration. Checks should be made payable to the ARK Institute of Learning. Drop off or mail to: 1916 S. Washington St., Tacoma, WA 98405.

Credit cards now accepted.



If you have questions or comments about the ARK Summer Academy 2010, please contact ARK Executive Director Mimi Walker at (253) 573-0311 or mwalker@arkinst.org.



ARK

INSTITUTE of LEARNING

Registration Deadline is June 30, 2010

A confirmation phone call or email will be made one week prior to class.