



PYTHAGORAS ACADEMY

**8671 Odlin Crescent
Richmond, BC, V6X 1G1**

Tel: 604-370-0199

Fax: 604-370-1399

E-mail: admissions@pythagorasacademy.ca

SUMMER SCHOOL REGISTRATION FORM 2018

STUDENT INFORMATION

Applicant's Legal Last Name: _____ Applicant's Legal First Name: _____

Applicant's Preferred Name: _____

Sex: Female Male Date of Birth: (M) (D) (Y): _____

Food Allergy (please specify if any): _____

PARENT/GUARDIAN INFORMATION

Legal Last Name: _____ Legal First Name: _____

Address: _____

Cell Phone: _____ Email: _____

EMERGENCY CONTACT: (not the same as the guardian)

Name: _____ Cell Phone: _____ Relationship: _____

SUMMER PROGRAM INFORMATION

The Month Attending:

July \$1,850 August \$1,850

Desired Class:

JK (2014 -2015) K – 1 (2011-2013)

Elementary 1 (2008 -2010) Elementary 2 (2005 -2007)

*** Non PA students – please provide copy of picture ID of child and parent**

***All the fees are non-refundable**

***Classes are subject to a minimum number of registrations. Full refund will be given if classes are cancelled.**

Signature of Parent/Legal Guardian: _____ Date: _____