

SUMMER SCHOOL REGISTRATION FORM



hope CHRISTIAN ACADEMY
920 Holley Ave, Suite 2 ~ St. Paul Park, MN 55071
(651) 459-6438

Students not currently enrolled at HCA must fill out an application and complete the interview process in addition to this registration form.

Student's Name _____
Last First Middle Initial
Sex ____ Age ____ Birth Date _____ Grade last completed ____
Home Address _____
City _____ Zip _____
Telephone # _____ Social Security # _____
E-mail address _____
Emergency Telephone # _____ Today's Date _____
Emergency Contact's Name _____

Please indicate which session(s) you are enrolling for:

- Session I (June 13 – July 8, 2011, Monday – Friday, 9:00 – 11:30 a.m.)**
 Session II (August 1 – August 26, 2011, Monday – Friday, 9:00 – 11:30 a.m.)

FINANCIAL INFORMATION

\$100 Registration and Diagnostic Testing fee due with this application.

\$395 Tuition per session payable before the first class.

_____ Date _____
(Signature of Father/Guardian)

_____ Date _____
(Signature of Mother/Guardian)

“Hope Christian Academy accepts students without regard to race, color, sex, or national or ethnic origin who are willing to abide by its principles and objectives.”