



S.P.A.C.E. Application

Summer Program for Advancement, Challenge, & Enrichment

Child's Name _____ Birth Date _____

Child's E-Mail Address _____ Sex _____

Address _____

City _____ ZIP _____ ☎ _____

School _____ Current Grade _____

Mother / Primary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Father / Secondary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Applying for ____ Day Program **\$150 Deposit per week** ____ Full Overnight Program **\$300 Deposit per week**

The S.P.A.C.E. program will teach and guide each student individually based on what s/he is needing or wanting to learn in this unique independently paced program.	Interested in ____ Relearning Material from the Previous Year ____ Getting Ahead for the Coming Year ____ Studying a New Subject of Interest
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Area of Desired Study _____

Please list all weeks for which you are applying for at this time: _____

Enclosed is check number _____ made out to *Dr. Mars* for \$ _____.

I understand that the balance payment is required by June 1st.

[Deposit is non-refundable, unless program is full when application is received or unless child is not accepted.]

Signature _____ Date _____

Please complete, print, sign, and return this Summer Program Application by mail, with deposit check, to:

Attention: Dr. Mars
Kids Make A Difference
385 Howard Blvd # 242
Mount Arlington, NJ 07856