

Returning Student _____ or New Student _____
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Miami Country Day School
Summer Studies 2010 Application

Date _____ Check _____ Amt. _____ Initial _____
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Child's Last Name	First Name	Male/Female
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Home Address	City/Zip	Home Phone
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Parent/Guardian	Business Phone
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Date of Birth	Grade Entering August 2010	Age
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Name of school official/ teacher who is familiar with this student's academic and citizenship record.

Important:

If a course is being taken for credit, the approval of the appropriate school official must be obtained.

Date	Official's Signature	Position/Title
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Family Physician	Doctor's Phone #
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Person to Contact in Case of Emergency	Relationship	Phone #
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Medical Authorization

I, _____, give my permission to authorize emergency medical
 (Parent Signature)
 treatment for my child if needed.

(Please see reverse side for program selections, dates, and fee schedules.)

For more information about MCDS' Summer Programs, please call 305-759-2843 xt 200
Miami Country Day School ☺ 601 NE 107 Street ☺ Miami, Florida 33161