



Barona Indian Charter School

Summer Impact

2022 Summer School Registration

_____/_____/_____
Student First Name Student Last Name Date of Birth

Mailing Address City State Zip

Parent Name Parent Cell Phone Number

Grade Level June 2022:
2 3 4 5 6 7 8 (Please circle one only)

EACH STUDENT WILL PARTICIPATE IN THE SUMMER IMPACT PROGRAM
FOR ACADEMIC SKILLS AND ROBOTICS CAMP
DAILY - 8:00AM - 12:00PM

My child will attend the summer program from **July 6 to July 29**
from **8:00am to 12:00pm** on **Mondays to Thursdays:**

I certify that the above information is true.

Parent's Name (print)

Parent's Signature

Date

Emergency Contact

Phone Number