



### STUDENT SUMMER CAMP APPLICATION FORM

This application form must be accompanied by a \$75. 00 non-refundable registration fee to initiate

**Evelyn Mack Academy**  
**6850 Monroe Road**  
**Charlotte, NC 28212**  
**(704) 535-8304**

**We make the difference!**

Child's Name

Age

Address

City:

State

Zip

Phone

Birthdate

Today's Date

School Attending

Grade:

Address

Teacher's Name:

Phone

Father's Name

D.L#

Employer

Phone

Mother's Name

Phone:

Employer:

Phone

What Do You Wish to have your child enrolled in the summer camp?

Please list convenient days and times for conferences.

Please list any information /skills that may be helpful in assessing your child's current academic performance. (You may use the back of this form if needed to include additional information.)

How did you hear about us?

Radio  TV

Friends  Other