



120 Sparks Valley Road, Suite B, Hunt Valley MD 21152
 443-338-3770 www.embarkeducationmd.com

SUMMER ENROLLMENT FORM

06/24/24 – 08/16/2024

STUDENT INFORMATION

Last Name		First Name		Nickname	
Gender	Date of Birth	Religion/Culture (Opt.)	Languages Spoken in Home		

If your child is new to Embark Education, and is ONLY continuing through the summer with us, PLEASE fill out the following student related information.

Are there any medical conditions, known allergies, or dietary restrictions the school needs to be aware of?
Does your child have any previous experience in an ECE environment? YES NO Was it a positive experience? (please explain)
Has your child been observed by any of the following? <div style="display: flex; justify-content: space-around; align-items: center;"> Infants & Toddlers Child Find Private Organization: _____ </div> Please explain reason for observation:
Does your child require any special accommodations while in our program?

FAMILY INFORMATION

PARENT/GUARDIAN #1 (person child resides with if family has dual homes)

Last Name		First Name		Relationship to Child	
Email			Contact Phone #		
Home Address (street, town, zip code)					

PARENT/GUARDIAN #2

Last Name		First Name		Relationship to Child	
Email			Contact Phone #		
Home Address (street, town, zip code)					

SUMMER CAMP REGISTRATION

Existing Embark Education families have priority enrollment for summer until April 1, 2024. After that point we will work towards accommodating all our incoming families wishing to start with us over the summer, and finally outside families looking for summer care only.

Families enrolling with Embark Education through the summer have several scheduling options to choose from:

_____ My child currently attends Embark Education, and I would like to maintain their EXISTING schedule through the entire summer program. I will continue to pay my monthly tuition rate during this time. *(August rates will be prorated)*

_____ My child is enrolled to begin at Embark Education this fall, and I would like to start their fall schedule through the entire summer. I will begin paying my monthly tuition rate through the summer. *(June and August rates will be prorated)*

_____ I would like to enroll my child for individual summer camp sessions. I understand that this means that they must either attend for 5 half days, or 5 full days through the entire session. I have indicated my desired camp(s) and schedule below and understand that my selections must be paid in full by June 1st in order to maintain my enrollment.

Camp Session	Dates of session	5 FULL DAY Schedule	5 HALF DAY Schedule
Embark Symphony Orchestra	June 24 – July 5 <i>(closed on 7/4)</i>	\$775 <input type="checkbox"/>	\$550 <input type="checkbox"/>
		<i>Under 2</i> \$1040 <input type="checkbox"/>	<i>Under 2</i> not available
Embark Discovery	July 8 – July 19	\$775 <input type="checkbox"/>	\$550 <input type="checkbox"/>
		<i>Under 2</i> \$1040 <input type="checkbox"/>	<i>Under 2</i> not available
Embark ArtScape	July 22– August 2	\$775 <input type="checkbox"/>	\$550 <input type="checkbox"/>
		<i>Under 2</i> \$1040 <input type="checkbox"/>	<i>Under 2</i> not available
Embark Zoo	August 5 – August 16	\$775 <input type="checkbox"/>	\$550 <input type="checkbox"/>
		<i>Under 2</i> \$1040 <input type="checkbox"/>	<i>Under 2</i> not available

**Summer session rates are based off our 2024-2025 school year rates.*

Parent/Guardian Signature

Date

APPLICATION FEES

(Required from any family who is NOT currently enrolled in our 2022-2023 academic program)

Applications must be submitted along with a non-refundable application fee of \$50. Embark Education does not accept cash.

Check # _____

Date submitted _____

