



## SUMMER PROGRAM

11 Wampanoag Drive, West Hartford, CT 06117  
 Phone (860) 236-5807 • Fax (860) 233-9945

### STUDENT INFORMATION

First Name: \_\_\_\_\_ LastName: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (Fall): \_\_\_\_\_  
 School (Fall): \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_

### PARENTS

	MOTHER/GUARDIAN	FATHER/GUARDIAN
NAME		
ADDRESS (IF DIFFERENT FROM ABOVE)		
CELL#		
HOME#		
WORK#		
EMAIL		

### TRANSPORTATION

Parents arrange for and are responsible for all transportation to and from Ben Bronz Academy.  
 Transportation will be provided by:

\_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Person of Bus Company

### ACADEMIC INFORMATION

Which skill(s) would you like your child to work on this summer? Check up to 3 areas.

Reading    Writing Mechanics    Written Expression    Mathematics    Keyboarding    Study Skills

### STUDENT T-SHIRT SIZE

**Children sizes**    SMALL (6-8)    MEDIUM (10-12)    LARGE (14-16)  
**Adult Sizes**    SMALL    MEDIUM    LARGE

**Students are encouraged to bring textbooks from one or two of their September courses and a book from their required summer reading list to the summer program.**

**MEDICAL EMERGENCIES**

In cases of medical emergency, Ben Bronz Academy staff will immediately attempt to contact parents and/or emergency contacts.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

If the parents cannot be reached, I hereby give permission to Ben Bronz Academy staff to act on my behalf in cases of medical emergencies.  
 Parent/Guardian Signature: \_\_\_\_\_

**SESSION SELECTIONS**

Please check the weeks that your child will be attending.		Cost	Amount
<input checked="" type="checkbox"/>	Non-Refundable Registration Fee	\$50.00	\$ 50.00
<input type="checkbox"/>	Week 1: July 7-11, 2025	\$1,100	
<input type="checkbox"/>	Week 2: July 14-18, 2025	\$1,100	
<input type="checkbox"/>	Week 3: July 21-25, 2025	\$1,100	
<input type="checkbox"/>	Week 4: July 28-August 1, 2025	\$1,100	
<input type="checkbox"/>	Supplemental Tutoring Please indicate your interest here. (Tutoring sessions are in addition to our summer program and held in the afternoons.)	Hourly Rate	Billed and Scheduled Separately
Total Amount Due:			

Please check one:

\$50.00 Non-Refundable Registration Fee enclosed. I will receive an invoice for the remaining amount.

Full Payment Enclosed.

My school district has agreed to pay for this summer program.  
 Contact info to confirm \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed application & \$50.00 Non-Refundable Registration Fee (payable to Ben Bronz Foundation, Inc.) to:***  
**Summer Program**  
**Ben Bronz Foundation, Inc.**  
**PO Box 370065 - West Hartford, CT 06137-0065**

## PARENT INFORMATION

Thank you for choosing our Summer Program for 2025. The dates are **Monday, July 07, through Friday, August 01, 2025**. Sessions are held for four hours daily, beginning at 8:30 a.m. and ending at 12:30 p.m. Students who stay for supplemental tutoring must bring their own lunch.

### **APPLY EARLY!**

Four-week enrollment is recommended and will be given priority. Parents will be contacted in the order that applications are received to confirm the dates available. Once we have full enrollment, a waiting list will be created. If openings become available, you will be contacted in the order your application was received.

### **For All Students**

Cell Phones Cell phones are not allowed during the summer program.

Health Forms Each student must have a completed Health Assessment Record (HAR-3 CT form) signed by a doctor prior to attending the summer program. Health forms are considered current for three years.

Medication If your child needs medication, you must complete the “Authorization for the Administration of Medicines” form.

Placement Screening All students new to Ben Bronz may be required to have a placement screening prior to the start of the summer program once your child is registered and the Education Directors have had a chance to review your Child’s IEP. If the screening is needed you will receive more information.

Publicity Release There may be occasions when we publish news about our students. We may also contact local media outlets (newspapers, television stations, radio stations, etc.) for informational and educational purposes regarding our programs. We may also want to use pictures of students on our website and/or print media such as, but not limited to, brochures and view books. If you **do not** give permission to use your child’s picture and/or name for publicity purposes, please send a letter to Gail Lanza, Executive Director, prior to the start of the summer program.