



# COMMONWEALTH-PARKVILLE SCHOOL

P.O. BOX 70177, SAN JUAN, PR 00936-8177

Tel. (787) 765-4411 Fax (787) 764-3809

Web Site: [www.epspr.org](http://www.epspr.org)



## COMMONWEALTH CAMPUS

Grades 7-12  
Calle Castillo Esq. Antolin Nin  
Urb. Roosevelt, Hato Rey, P.R. 00918  
Tel (787) 765-4411 Fax (787) 764-3809

## PARKVILLE CAMPUS

Grades PPK-6  
Alabama Final  
Urb. Parkville, Guaynabo, P.R. 00969  
Tel (787) 720-3992 Fax (787) 272-8150

# SUMMER SCHOOL – CAMP REGISTRATION

Please fill and return form with the **\$50.00** deposit fee (refundable late pick-up fee if applies) and the full amount to the Parkville Campus or to the Central office. **Make check payable to CCSI.** The full balance is due before the 1<sup>st</sup> day of summer school / camp.

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

1. School Student Regularly Attends: \_\_\_\_\_

2. Grade or Level Last Attended: \_\_\_\_\_

3. Is Summer School required by CPS?  YES  NO

Child lives with  Mother  Father  Both Parents Other \_\_\_\_\_

Language spoken  English  Spanish Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell. Phone Father: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell. Phone Mother: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Whom to contact in case of emergency: \_\_\_\_\_

Relation to student \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Cell. \_\_\_\_\_

Course (s) to be taken: \_\_\_\_\_

Where did you hear from us?  CPS student  Friend & neighbors  Newspaper  Website

I hereby register and authorize my child to participate in all activities while under the jurisdiction of CPS. I agree that the School has permission at any time to allow faculty or staff members or other persons authorized by the School to drive the student on school-sponsored trips or events, to authorize emergency medical care for the student, to use the students' photographs in school publications, website, and for publicity purposes related to the School. I certify that above information is correct and understand my obligations to pay the fees in full before the first day of summer program.

Signed: \_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Date

FOR CPS OFFICE USE ONLY

CPS SUMMER FEES	ACADEMIC	SPORTS	3WKS	2WKS	1 wk
PKS		100%	80%	65%	40%
FULL DAY		\$640.00	\$510.00	\$415.00	\$255.00
ACADEMIC (1 COURSE)	\$350.00	\$750.00	\$670.00	\$610.00	\$510.00
ACADEMIC (2 COURSE)	\$700.00	\$970.00	\$915.00	\$875.00	\$810.00
ONE ON ONE	\$450.00	\$850.00	\$770.00	\$710.00	\$610.00
ESL CAMP	\$400.00	\$670.00	\$615.00	\$575.00	\$510.00
ENGLISH WORKSHOP	\$400.00	\$670.00	\$615.00	\$575.00	\$510.00
EDP/PRE-K <span style="color: green;">PLAYHOUSE</span>	\$400.00	\$670.00	\$615.00	\$575.00	\$510.00
K/1ST GRADE PROGRAM	\$400.00	\$670.00	\$615.00	\$575.00	\$510.00
CHS					
ACADEMIC (1 COURSE)	\$350.00				
ACADEMIC (2 COURSE)	\$700.00				
SAT PREP COURSE ONE COURSE	\$500.00 \$270.00				

DATE OF ADMISSION: \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

PHYSICAL EXAMINATION: YES      NO

DEPOSIT PAID \$ \_\_\_\_\_

HEALTH HISTORY FORM: YES      NO

BALANCE \$ \_\_\_\_\_

PICK UP AND DROP OFF RELEASE FORM: YES   NO

T-SHIRT \_\_\_\_\_

PAYMENT RECEIVED BY: \_\_\_\_\_

SIZE S M LG XL

CASH                      CK# \_\_\_\_\_

CC      = V                      MC    AE    ATH