



# Summer School Program

## Grades K to 5





## GET A HEAD START THIS SUMMER

We are excited to offer Summer School at Las Vegas Day School open to students going into grades K to 5. The summer program will feature small class sizes for individualized learning and be taught by certified LVDS teachers.

Summer School is a wonderful opportunity to sharpen up your child's skills in reading, writing and mathematics. Our outstanding academic program will give them exactly what they need to be ready for the fall. Summer School is limited to the morning so students can enjoy a fun filled afternoon at X-Treme Summer Camp. Our summer program offers a well-balanced combination of stimulating learning and a fun summer to get ahead in school.

***Give your child every advantage. It is worth it!***

Neil H. Daseler  
Director

## SUMMER SCHOOL HIGHLIGHTS

- Grades K to 5
- Certified Teachers
- Outstanding Academic Program
- Reading, Writing, Mathematics
- Small Class Size with Lots of Individual Attention
- No Homework
- School Appropriate Summer Clothing
- Monday–Friday Mornings, Throughout the Month of July
- Junior X-Treme/X-Treme Camp Offered Afternoons at a 50% Discount



## PROGRAM INFORMATION

DATES: July 6 – 31

HOURS: 9:00 – Noon

DAYS: Monday to Friday

COST: \$950

**LIMITED ENROLLMENT OPPORTUNITIES,  
REGISTER NOW!**



## SUMMER SCHOOL 2020 REGISTRATION FORM

Name of Student: \_\_\_\_\_

LVDS Student: ☐ Yes ☐ No or School Attending: \_\_\_\_\_

Grade entering in Fall: \_\_\_\_\_ ☐ Male ☐ Female Age: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Relationship To Child: ☐ Mother ☐ Father

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Relationship To Child: ☐ Mother ☐ Father

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person Who We May Contact In An Emergency (other than parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event of an accident or emergency, if possible, please take my child to

\_\_\_\_\_ Hospital.

Health Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Accident Insurance**—Las Vegas Day School does not carry individual student insurance. We submit this application for acceptance of our child to the Las Vegas Day School Summer School Program. Upon acceptance, we hereby agree to the school behavior and fee policies.

The school is not responsible for lost or damaged personal property.

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

