



Oak Hill Summer Program Registration

Please return this completed card with payment to
Oak Hill School, Attn: Summer Program, 441 Drake Avenue, Marin City, CA 94965
Or email to summer@myoakhill.org

Student's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Parent(s) or Guardian(s) Name(s): _____

Contact Phone Number: _____ Type: _____

Alt. Phone Number: _____ Type: _____

Contact email address: _____

Description of child's needs and challenges: _____

Weeks of attendance (mark all that apply):

June 29- July 3 \$600 July 20 - July 23 \$600

July 6 - July 9 \$600 July 27 - July 30 \$600

July 13 - July 16 \$600 Aug 3 – Aug 6 \$600

Total cost: _____

Enclosed is my check payable to Oak Hill School.

Please charge my credit card (card will not be charged until enrollment is confirmed).

Visa Mastercard

Number: _____

Name on card: _____

Expiration Date: _____ Billing Zip Code: _____

Registration materials will be reviewed as they are received. We will contact each applicant to discuss the child's needs and determine together whether the program is a good fit. This application is not a guarantee of placement.