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| | July 22 – 26 July 29 – Aug 2 Aug 5 – 9 | | (Indicate weeks a | ttending.) |
|------------------------------------|--|--|-------------------|------------|
| Student Name : | | | | Age : |
| Mother's Name : | | | Cell : | |
| Father's Name : | | | Cell : | |
| Address : | | | | |
| Email Address : | | | | |
| Contact name in case of emergency: | | | | |
| Phone Number: | | | | |

Fill out and send with check to: SciCore Academy, 156 Maxwell Ave., Hightstown, NJ 08520.