



# Gateway Academy Application 2009

Calkins Road Middle School

**Student Information:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

DOB (MM/DD/YY): \_\_\_\_\_ Grade (Fall\_09): \_\_\_\_\_ School:  BRMS  CRMS

**Home Address:**

Street: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Information:**

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

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

Emergency Contact Name & Phone: \_\_\_\_\_

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

*You're encouraged to include an email address as it is the fastest and easiest way for us to provide further information*

**Ethnic Background:**

\_\_\_\_\_ Black (African American, not of Hispanic Origin)

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Native American or Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White (not of Hispanic Origin)

\_\_\_\_\_ Other \_\_\_\_\_

This year we are offering one session of the Gateway Academy in August. This one week session will be held Monday *August 10<sup>th</sup>* - Friday *August 14<sup>th</sup>* from 9:00 am to 3:00 pm. The cost for this year's camp will be \$100 per child. The check should be made out to *Pittsford Gateway Academy*. Please indicate your child's t-shirt size. Return the application along with the check to Mr. Nally @ CRMS no later than June 5<sup>th</sup>. **Space is limited to 50 campers, so you are encouraged to sign up early.**

**Shirt Size**

	Youth			Adult		
	S (6-8)	M (10-12)	L (14-16)	S	M	L

**Mail Applications to:**

*Calkins Road Middle School  
Attn: Bob Nally  
1899 Calkins Road  
Pittsford, NY 14534*

