



S.P.A.C.E. Application

Summer Program for Advancement, Challenge, & Enrichment

Child's Name _____ Birth Date _____

Child's E-Mail Address _____ Sex _____

Address _____

City _____ ZIP _____ ☎ _____

School _____ Current Grade _____

Mother / Primary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Father / Secondary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Applying for _____ Day Program Only **\$150 Deposit** _____ Full Overnight Program **\$300 Deposit**

The S.P.A.C.E. program will teach and guide _____ Interested in

each student individually based on what _____ Relearning Material from the Previous Year

s/he is needing or wanting to learn in this _____ Getting Ahead for the Coming Year

unique independently paced program. _____ Studying a New Subject of Interest

Area of Desired Study _____

Enclosed is check number _____ made out to *Mars Academy* for \$ _____.

I understand that the balance payment is required by June 1st.

[Deposit is non-refundable, unless program is full when application is received or unless child is not accepted.]

Signature _____ Date _____

Please complete, print, sign, and return this Summer Program Application by mail, with deposit check, to:

Mars Academy
Attn: S.P.A.C.E.
PO Box 572572
Tarzana, CA 91357-2572