

# Spring 2010 | Saturday Academy Application

(Print Clearly)

Your School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
(with parent consent)

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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

**Please indicate preference with an "x." I wish to take:**

\_\_\_\_ **ONLY** History with Hands: Exploring Brooklyn History Through Arts Making  
Circle time desired: 9:00 – 10:20 am *or* 10:30 – 11:50 am (Grades 6 – 12)

\_\_\_\_ **ONLY** SAT/AP U.S. History Review  
Circle time desired: 9:00 – 10:20 am *or* 10:30 – 11:50 am (Grades 9 – 12 only)

\_\_\_\_ **BOTH** courses: 9:00 – 10:20 am *and* 10:30 – 11:50 am (Grades 9 – 12 only)

**All applications must be received by February 19, 2010. Enrollment will close as soon as courses are filled. Space is limited!** Accepted candidates will be notified by email, mail or telephone. Questions? Please call the Saturday Academy Coordinator at 718 222 4111 ext. 228.

Mail the completed application to:

Saturday Academy Coordinator

Brooklyn Historical Society, 128 Pierrepont Street, Brooklyn, NY 11201

## Parent/Guardian Permission:

I give my child, \_\_\_\_\_, permission to take part in the Saturday Academy and to participate in field trips and other activities conducted as part of their course work.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



BROOKLYN  
HISTORICAL  
SOCIETY