



Callier Center's Listening Camp Enrollment

Child's Name: _____ CCCD# _____

Child's DOB _____ Grade 2024-2025 School Year _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Email: _____

Payment Method

Check Enclosed Amount \$ _____ Balance Due May 30, 2025

Credit Card (Circle One): Mastercard/Visa/Discover

Name on Card: _____

Credit Card #: _____ Exp Date: _____ Security Code: _____

To be charged at this time: Enrollment Fee only today (\$100) / Entire Amount (\$450) - Remaining balance will be charged on **May 30, 2025**

Scholarship Requested Y / N (If yes, complete information below)

Family gross annual income for 2024: _____

Number of dependents: _____ Number of people living in the house: _____

Please list those living in the house:

The scholarships that are available for the summer listening camp will provide partial coverage of the camp fee. Please give a brief summary of why you are requesting a scholarship. Please include any extenuating circumstances you would like considered.

Return this form with payment to: Kim Fiorentino, Callier Center, 1966 Inwood Rd., Dallas, TX 75235

For office use only: Notes
