



Callier Center's Listening Camp Enrollment

Child's Name: _____ CCCD# _____

Child's DOB _____ Grade 2025-2026 School Year _____

Parent/Guardian Name: _____

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

Cell Phone Number: _____ Email: _____

Payment

To be charged at this time: Enrollment (\$100) + Camp Fee (\$350) = \$450.

Limited scholarships are available. To apply, see below. You will be contacted in June about your scholarship.

Check Enclosed: Amount \$ _____

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

Name on Card: _____

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

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

Family gross annual income for 2025: _____

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 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

Information on scholarships will be provided in June, after registration is closed.

Enrollment form only. Registration forms to follow.
