



Registration Form

Student's Name (First and Last)

Grade in Fall 2017

Period One Course	Period Two Course	Period Three Course
8:30 am - 10:00 am	10:15 am - 11:45 am	12:30 pm - 2:00 pm
First Choice	First Choice	First Choice
Second Choice	Second Choice	Second Choice

Total Number of Courses: _____

Extended Care: _____

Total Fees: _____

Payment due upon registration. Enclose a check payable to Holy Family School.

Mail your check and completed Registration and Emergency Information forms to:

Holy Family School
1301 Rollin Street
South Pasadena, CA 91030

Registration deadline has been extended to **June 1, 2017.**

June 1, 2017 is the last day to cancel and still be eligible to receive a refund.

I have read and understand these policies.

Parent Signature

Date

Holy Family School Summer Program - Emergency Information

Student's Name (First and Last)				
Birth date (month/day/year)	Grade in Fall 2017	Sex (circle)	Male	Female
Primary School		Home Phone		
Home Address				
Mother's Name		Mobile Phone		
Work Address		Work Phone	Occupation	
Father's Name		Mobile Phone		
Work Address		Work Phone	Occupation	
Child lives with				
Glasses (circle)		Contact Lenses		
Yes	No	Yes	No	
Health Problems/Allergies:				
Medication (taken regularly)				
Health Insurance Carrier name		Policy Number		
Address		Phone Number		
Name of policy holder		Doctor's name	Doctor's phone	
Additional persons permitted to take student from school				
Name:		Relationship to student		
Phone #		Additional phone number		
Name:		Relationship to student		
Phone #		Additional phone number		
Consent				
I understand that the school does not assume responsibility for payment of physician or any medical or dental services. However, in an emergency the school may choose a physician. In an emergency, I give Holy Family School and/or any school official permission to have my child receive medical treatment.				
Parent/Guardian Signature				Date