



Registration Form

Student's Name (First and Last) _____

Grade in Fall 2017 _____

<p style="text-align: center;">Period One Course 8:30 am - 10:00 am</p> <hr/> <p style="text-align: center;">First Choice</p> <hr/> <p style="text-align: center;">Second Choice</p>	<p style="text-align: center;">Period Two Course 10:15 am - 11:45 am</p> <hr/> <p style="text-align: center;">First Choice</p> <hr/> <p style="text-align: center;">Second Choice</p>	<p style="text-align: center;">Period Three Course 12:30 pm - 2:00 pm</p> <hr/> <p style="text-align: center;">First Choice</p> <hr/> <p style="text-align: center;">Second Choice</p>
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Total Number of Courses: _____

Tuition is \$250 per course

*Kindergarten Readiness course is \$500 (two periods)

Extended Care (please check): \$250 fee

Total Fees: _____

Payment due upon registration. Please 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 is **April 30, 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	
Mother's Email		Work Phone	
Father's Name		Mobile Phone	
Father's Email		Work Phone	
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