



St. Vincent de Paul 2019 Summer Academy Registration Form

Due 6/7/19

Term 1	June 17-June 20	Grades K-4	8:00am-
	June 24-June 27		11:00am
Term 2	July 22-July 25	Grades 5-8	12:00pm-
	July 29-August 1		3:00pm

PART 1: STUDENT INFORMATION

Student's Name: _____
First Name Last Name

Parent Email: _____

Parent Cell #1: _____ Parent Cell #2: _____

Describe or attach information about any health concerns: _____

Emergency Contact: _____ Phone Number: _____

Individuals authorized to pick up child: _____

PART 2: PROGRAM INFORMATION

Student's Grade in the 2019-2020 School Year: _____

Please select which term your child will be attending. Students may attend both terms.

Term 1 Term 2

PART 3: PAYMENT INFORMATION

The cost for the SVdP Summer Academy is \$210 per student for each term.

Payment made by: Cash Check Payment received on: ___ / ___ / ___

Payment Total: \$210 x ___ term(s) = \$_____

PART 4: WAIVER

In signing this form, I give permission to SVdP Summer Academy teachers to take any and all reasonable action, including use of medical services, as they deem appropriate in the event that my child should become ill or otherwise injured under their care. I release St. Vincent de Paul Catholic School from any and all claims of injury that they may sustain while participating in the SVdP Summer Academy.

Parent Signature

Date