

2020 Summer Academy at St. Vincent de Paul

Registration Form: Grades K - 5th

Due 6/1/2020



Session 1	June 15- June 19	8:00am- 1:00pm
Session 2	July 13- July 17	8:00am- 1:00pm
Session 3	August 10- August 14	8:00am- 1:00pm

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 2020-2021 School Year:

Kindergarten 1st 2nd 3rd 4th 5th

Please select which session your child will be attending. Students may attend more than one session.

Session 1 Session 2 Session 3

PART 3: PAYMENT INFORMATION

The cost per child for the SVdP Summer Academy is \$175/ week OR \$40/day.

My child(ren) will be attending from _____ to _____. Total cost: \$ _____

Payment made by: Cash Check # _____ *Checks can be made out to Bridget Edmonds.*

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