REGISTRATION FORM 2020 ST. ROSE SUMMER ENRICHMENT

| FAMILY NAME | | PRIMARY EMAIL A DDRESS | | | |
|--|------------------------------|------------------------|-------------------|---------------|--|
| STUDENT'S NAME #1 | | Grade in Fall 2020 | | | |
| STUDENT'S NAME #2 | Grade in Fall 2020 | | | | |
| STUDENT'S NAME #3 | Grade in Fall 2020 | | | | |
| ADDRESS | | | | | |
| CITY | | | ZIP CODE | | |
| FATHER'S NAME | | email | | Daytime Phone | |
| MOTHER'S NAME | | email | nil Daytime Phone | | |
| EMERGENCY CONTACT (in the event that parents cannot be reached) | | | | | |
| NAME | | | D | Daytime Phone | |
| NAME | | | D | Daytime Phone | |
| AUTHORIZED PICK-UP (other than parents; children will not be released to anyone NOT listed here) | | | | | |
| NAME #1 | NAME Relationship to Child | | | | |
| NAME #2 | Relationship to Child | | | | |
| NAME #3 | Relationship to Child | | | | |
| ALLERGIES OR MEDICAL | . CONCERNS | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| INSURANCE INFORMATION | | | | | |
| COMPANY POLICY #/Group | | | oup | | |
| I give St. Rose of Lima School personnel permission to authorize any necessary medical treatment for my child while they | | | | | |
| are participating in the Summer Enrichment Program during the weeks of June 29 – July 24, 2020. PARENT SIGNATURE DATE | | | | | |
| | | | | | |
| I understand that if, for any reason, my child's behavior becomes disruptive to the Summer Enrichment Program, the Summer Enrichment Program Director may call home for him/her to be picked up. | | | | | |
| PARENT SIGNATURE | lector may can nome for mm/n | ет то ре рискей ир. | DAT | TE | |
| | | | | | |

REGISTRATION FORM-continued 2020 ST. ROSE SUMMER ENRICHMENT

| SESSION SELECTION-Please select programs your child will be attending | | | | | | |
|---|------------|---------|------------|---------|------------|---------|
| | STUDENT #1 | | STUDENT #2 | | STUDENT #3 | |
| FULL PROGRAM | | | | | | |
| (6/29-7/24) | Half Day | Full | Half Day | Full | Half Day | Full |
| | (8:30a-4p) | (7a-6p) | (8:30a-4p) | (7a-6p) | (8:30a-4p) | (7a-6p) |
| (1) June 29-July 03 | | | | | | |
| (2) July 06-10 | | | | | | |
| (3) July 13-17 | | | | | | |
| (4) July 20-24 | | | | | | |
| TOTAL | | | | | | _ |

PAYMENT WORKSHEET: THIS FORM MUST BE COMPLETED

- Registration fee applies to any type of enrollment, whether full time, part time or weekly
- All tuition and registration fees must be paid in full by 6/09/20. No tuition will be collected after summer program begins
 - *NOTE: Summer Enrichment budget, hiring of teachers and staff, and the purchase of supplies are based upon the number of students attending summer enrichment.

For this reason TUITION AND REGISTRATION FEES ARE NON-REFUNDABLE.

| REGISTRATION FEE | NUMBER OF CHILDREN | | TOTAL FEES-CHK#/CASH | |
|---|--------------------|------|----------------------|--|
| \$25 per child by 3/31/20 | | | | |
| \$50 per child by 5/8/20 | | | | |
| \$75 per child by 6/9/20 | | | | |
| | SESSIONS | | TOTAL FEES-CHK#/CASH | |
| FULL DAY (7:00 AM-6 PM) \$915/child or \$250/week | | | | |
| \$305 due 3/31/20 | | | | |
| \$305 due 5/8/20 | | | | |
| \$305 due 6/9/20 | | | | |
| | SESSIONS | | TOTAL FEES-CHK#/CASH | |
| HALF DAY (8:30 AM-4 PM) - \$780/child or \$225/week | | | | |
| \$260 due 3/31/20 | | | | |
| \$260 due 5/8/20 | | | | |
| \$260 due 6/9/20 | | | | |
| T-Shirt size | | TOTA | L DUE | |

| | S | M | L | XL |
|-------|---|---|---|----|
| Youth | | | | |
| Adult | | | | |