

Registration Form for Grades K-7 and Camps St. Matthew's Summer Session 2008

Child's Name _____ Grade in Fall _____

Gender _____ Age _____ Birthdate _____

Present School (if applicable) _____

Where did you hear about us? _____

Session Selection: Carefully check the appropriate box for the session attending

	A.M.Only	P.M.Only	Full Day	T-Shirt Size (Circle One)
<input type="checkbox"/> Session #1: June 23 – July 11	\$615	\$605	\$1220	YS AS
<input type="checkbox"/> Session #2: July 14 – July 25	\$445	\$435	\$880	YM AM
<input type="checkbox"/> Five Weeks: June 23 – July 25	\$910	\$895	\$1805	YL AL

Camp Selection: Carefully check the appropriate box for the camp attending

<input type="checkbox"/> Volleyball Camp: July 7 – July 11	\$160	(Grades 3-5)
<input type="checkbox"/> Volleyball Camp: July 14 – July 17	\$160	(Grades 6-8)
<input type="checkbox"/> Softball Camp: June 17 – June 20	\$200	(Grades 5-8)
<input type="checkbox"/> Basketball Camp: August 19 – August 22	\$350	(Ages 6-16)

Morning Class Selections: Please indicate clearly

Period 1 Name _____
 Period 2 Name _____
 Period 3 Name _____

Afternoon Class Selections: Please indicate clearly

Period 4 Name _____
 Period 5 Name _____
 Period 6 Name _____

Please make checks payable to ST. MATTHEW'S PARISH SCHOOL for the full amount: \$ _____, which includes a \$100 non-refundable processing fee. A student will receive a full refund (less the \$100.00 non-refundable deposit) when withdrawing 4 weeks or more prior to the opening date of summer school. Withdrawals during the 4 weeks prior to the opening of school will receive a 50% refund. No refunds whatsoever can be made for withdrawals within, or after, the opening day of the school session the student attends. Earliest dated applications will receive preference. St. Matthew's Kindergarten students enrolled for the regular fall program will receive preference until April 28, 2008.

I have read and agree to the above: _____

Please return this form and your tuition to:
 St. Matthew's Summer Session
 Attn: Heather Souza
 P.O. Box 1710
 Pacific Palisades, CA 90272

**St. Matthew's Summer Session
Student Information & Health Form**

**Please complete the Following for Summer School
Student Information**

Full name:	Grade:
Address:	Birthdate:
City:	Home Phone:
State:	Home Fax #:
Father's First Name:	Mother's First Name:
Father's Work Phone:	Mother's Work Phone:
Father's Car Phone:	Mother's Car Phone:
Email address:	Pager #:

Emergency/Medical Information

Emergency Contacts:	Emergency Phones:
Nanny's Name:	Nanny's Phone:
Physician:	Physician Phone:
Dentist:	Dentist Phone:
Insurance Carrier:	Policy #:
Allergies:	Treatment/Medication:
Chronic Conditions:	

Authorization/Consent Form For Medical Treatment

- I hereby authorize and give my consent to St. Matthew's Parish School and/or to any member of its faculty or staff to permit emergency medical treatment or surgical care for the above named child or ward during school hours or at such other time as my child or ward shall be under the direction of St. Matthew's Parish School and/or any member of its faculty or staff. I understand that a reasonable attempt will be made to contact me by telephone when such action is taken. All emergency medical and surgical express will be borne by me and/or my spouse.
- My child MAY/MAY NOT have TYLENOL as needed during school hours.
(Please circle your preference)

Disaster Preparedness/Release Authorization

In the event of a natural disaster, I authorize St. Matthew's Parish School to release my child to any St. Matthew's School parent.

In the event of a natural disaster, my child may be released to the people listed below. (Please list names.)

Signature of Parent or Guardian for all authorizations

Date