

Saint Benedict School
Summer School Registration Form
June 21st – July 22nd

PLEASE PRINT

One registration form per child

Child's Name _____ **Grade in August** _____

Home address _____

City _____

Zip _____

Father's Name _____

Home # _____ **Work #** _____ **Cell #** _____

Mother's Name _____

Home # _____ **Work #** _____ **Cell #** _____

Call for an emergency:

Person's Name

Home # _____ **Work #** _____ **Cell #** _____

Emergency Medical Treatment and Release Form

I, the undersigned, do hereby authorize officials of Saint Benedict School to obtain necessary medical emergency treatment for my child in the event I cannot be reached.

In the event physicians, other persons named in this form, or parents cannot be contacted, the school officials are here-by authorized to take whatever action is deemed necessary in their judgment, for the health of my child, below named.

I will not hold the school or any school employee or officer financially responsible for the emergency care and/or transportation of my child for emergency care.

Signature of Parent or Guardian

Name of Student

Date

_____ **Required**
(69% or below – D or F in Math & Reading)

_____ **Highly Recommended**
(79% or below - C in Math & Reading)

_____ **Not Required**
(Optional)

Teacher's Signature: _____

Administrator's Signature: _____

I have read and will support Saint Benedict School summer program policy.

Parent's Signature _____