



Office Use:
<input type="checkbox"/>
<input type="checkbox"/>

## Summer School 2019 Application/Emergency Form

For students currently in TK through 7<sup>th</sup> grade.

One form per student. Please complete BOTH SIDES and print clearly.

Please make separate payments if you wish to have your child in Extended Care.

### Student/Family Information

Student Name (First and Last)		Nickname	Birthdate
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gender	INCOMING Grade	Is summer school required for your child? Check Above.	
Current School Name	City	Name of previous instructor:	
Home Address	City / Zip Code	Home Phone	
Alternate Address	City / Zip Code	Alternate Phone	
Name of Father/Guardian	Day/Cell/Work Phone	EMAIL	
Name of Mother/Guardian	Day/Cell/Work Phone	EMAIL	

### Other siblings attending summer school:

Student Name	School	Incoming Grade
Student Name	School	Incoming Grade

### Student Elective Preferences for Grades 2 - 7:

Sessions 3 and 4: Electives are offered in both sessions, grouped by age. We accommodate top choices depending on space availability. **Please number the electives in preference ORDER with 1 being your first choice and 6 being your last choice.**

	Arts and Crafts
	Musical Theater
	Dance
	Field Activities/Cooking
	Science Exploration
	Technology/STEAM

\*\*Please note K – 1<sup>st</sup> grade students will remain with their teachers the entire day. Homeroom teachers will instruct the students' non-academic elective classes.  
 \*\*Electives are offered based on enrollment. Some electives may close due to low enrollment or full capacity.  
 \*\*Electives are assigned on a first come, first serve basis.

### For Office Use Only:

<b>Date Received:</b>	<b>Signature:</b>
<b>Summer School Tuition</b> (\$475 per student) Amount Paid: \$ _____ Cash ( ) Check ( ) Other: _____ Check # _____	<b>Extended Care</b> (\$50 Registration) Amount Paid: \$ _____ Cash ( ) Check ( ) Other: _____ Check # _____ Prepaid Hour Card: _____



**EXTENDED CARE:**

**Extended Care will be offered before and after our Summer School Program.**

**HOURS: M-F, 7:30-8:20AM, 1:15-5:30PM**

Will your student be enrolled in the Extended Care program for summer school?  Yes  No

- **Please include \$50 Registration fee and EC “Prepaid Hour Card(s)” payment SEPARATE from the summer school registration fee. LATE REGISTRATION FEE (after June 26<sup>th</sup>) is \$60**
- Prepaid Hour Cards are non-refundable and non-transferrable to the regular school year.
- Prepaid Hour Cards can be purchased at anytime throughout summer school.

**Check your “Prepaid Hour Card” choice (1 “Prepaid Hour Card” = 20 Hours):**

- 1 “Prepaid Hour Card” = \$90
- 2 “Prepaid Hour Cards” = \$165
- 3 “Prepaid Hour Cards” = \$235
- 4 “Prepaid Hour Cards” = \$295
- 5 “Prepaid Hour Cards” = \$345
- Flat Rate/Unlimited use = \$390 (Normally \$4.50/hour per child without “cards.”)



Student Name: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

Please list any person authorized by the parent/guardian to pick up the student if parent cannot be reached:

Name	Relationship	Day Phone Number
Name	Relationship	Day Phone Number
Name	Relationship	Day Phone Number
Name	Relationship	Day Phone Number

I understand that the school does not assume responsibility for payment of a physician in any case.

However, in an emergency, the school may choose a physician. Please check:  Yes  No

Medical Insurance Name	ID Number	Phone
Doctor's Name	Address	Phone Number
Dentist's Name	Address	Phone Number

Is your child allergic to any drugs?  No  Yes if yes, what? \_\_\_\_\_

Is your child allergic to any foods?  No  Yes if yes, what? \_\_\_\_\_

Is your child allergic to others (bee stings)?  No  Yes if yes, what? \_\_\_\_\_

Does your child have any chronic illness (asthma, diabetes, heart disease, epilepsy)? If yes, what?  
 \_\_\_\_\_

Does your child take any medications on a regular basis?  No  Yes

If yes, what, when and what for? List: \_\_\_\_\_  
 (Please fill out additional Medications form)



**CONSENT FOR EMERGENCY TREATMENT**

**(I)(We), the undersigned parent(s) or legal guardians of \_\_\_\_\_, a minor, do hereby authorize a representative of Saint Clement School Summer School as agent(s) for the undersigned consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff or an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.**

**It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable. This authorization shall remain effective until July 31, 2019 unless sooner revoked in writing and delivered to the above mentioned agent(s).**

**Guardian/Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Guardian/Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**