

HOLY FAMILY 2022 SUMMER SCHOOL



400 S. Louise Street – Glendale, CA 91205
Office Tel. No: [818] 243-9239 x 110 Fax: [818] 243-0976
Website: www.hfgsglendale.org

Please check one:

Summer School 8:00 a.m. – 12:00 noon ___

Summer School and Afternoon Summer Camp 8:00 a.m. – 6:00 p.m. ___

Afternoon Summer Fees only 12:00 noon – 6:00 p.m. ___

Family name _____

Names and grades of my child/children who are to be included in the program:

Child/children are currently attending _____ School.

1. Child's Name _____ Current Grade ___

2. Child's Name _____ Current Grade _____

Home Address _____ City _____ Zip _____

E-Mail Address: _____

The following are the NAMES AND TELEPHONE NUMBERS of persons (other than Parents) who are authorized to pick up my child/ren after school or to be called in an emergency.

1. _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

3. _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Physician/Dentist to be called in an emergency:

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Medical Plan _____ Policy # _____

Child's Allergies:

Child's Name _____ Allergies _____

Child's Name _____ Allergies _____

Mother's Name _____

Mother's Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Home Phone _____

Father's Name _____

Father's Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Home Phone _____

In case of accidental injury we will make an immediate attempt to contact the parent/guardian. If we can't reach you, we will call the child's physician and/or an ambulance or paramedics. Until the arrival of a parent/guardian, the physician, an ambulance or paramedics, the Site Supervisor and Coordinator will be in charge and make all decisions about the care of the child. You will be expected to assume responsibility for any resultant expense not covered by our insurance. It is to your child's benefit that you keep the Summer School Personnel up-to-date on phone numbers, emergency numbers and other pertinent information.

Consent for Medical Treatment:

As the parent, or legal guardian, I hereby give consent to the Holy Family Summer School Program to provide all emergency Dental or Medical Care prescribed by duly licensed physician (M.D.) or Dentist (D.D.S.) for my child/children.

Parent's Signature

Date

Please PRINT name signed above

Please note: Children are required to participate in each PE class unless a note from the doctor is presented to the teacher.

Options: Please mark all that apply.

Summer School Fees: (8:00am-12:00pm)

Registration Fee \$50 / Per Child _____
(June 20-July 15) (June 20-July 22) (June 20-July 29)

	___ 4 Weeks	___ 5 Weeks	___ 6 Weeks
1 Child	___ \$525	___ \$ 670	___ \$ 775
2 Children	___ \$765	___ \$ 950	___ \$1125
3 Children	___ \$975	___ \$1230	___ \$1450

Afternoon Summer Camp Fees: (12:00pm-6:00pm)

Registration Fee \$50 / Per Child _____
(June 20-July 15) (June 20-July 22) (June 20-July 29)

	___ 4 Weeks	___ 5 Weeks	___ 6 Weeks
1 Child	___ \$ 525	___ \$ 640	___ \$ 750
2 Children	___ \$ 785	___ \$ 895	___ \$1045
3 Children	___ \$ 920	___ \$1050	___ \$1230

Comments: _____

Non-refundable Registration fee should be attached to this form.

Please make check payable to: **Holy Family Grade School.**

Credit Card payment for Summer School fees is accepted

Contact: Mrs. Teresa Nelson, Summer School Coordinator

400 S. Louise St. Glendale, CA 91205

Phone: 818-243-9239 Ext 110 Website: www.hfgsglendale.org

Note: Balance is due on or before 1st day of Summer School.