

HOLY FAMILY 2023 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 Camp 12:00 noon – 6:00 p.m.

Student Last 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 circle all that apply.

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

Registration Fee \$75 / Per Child

	(June 20-July 14) 4 Weeks	(June 20-July 21) 5 Weeks	(June 20-July 28) 6 Weeks
1 Child	\$550	\$695	\$800
2 Children	\$790	\$975	\$1150
3 Children	\$1000	\$1255	\$1475

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

Registration Fee \$75 / Per Child

	(June 20-July 14) 4 Weeks	(June 20-July 21) 5 Weeks	(June 20-July 28) 6 Weeks
1 Child	\$550	\$665	\$775
2 Children	\$810	\$920	\$1070
3 Children	\$945	\$1075	\$1255

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

Bill in **FACTS** (Autopay only check here): _____

Contact: Mrs. Teresa Nelson, Summer School Coordinator

Email: TNelson@hfgsglendale.org

400 S. Louise St. Glendale, CA 91205

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

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