

HOLY FAMILY 2024 SUMMER SCHOOL



400 S. Louise Street – Glendale, CA 91205

Phone: [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.
- Week 5 and 6, 8:00 am-12:00 noon Sports Clinic/Summer Sports Conditioning

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 Full Name _____ Current Grade _____

2. Child's Full 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.

June 24 – July 19 (4 weeks)

Academic Enhancement
Morning Session Registration Fee \$75
(8am – 12pm)
1 Child \$ 600
2 Children \$ 950
3 Children \$ 1,450

Summer Camp Afternoon
Afternoon Session Registration Fee \$75
(12pm – 6pm)
1 Child \$ 600
2 Children \$ 950
3 Children \$ 1,450

July 22 – August 2 (2 weeks)

Morning Session is Sports Clinic
Morning Registration Fee \$75
(8am – 12pm)
1 Child \$ 320
2 Children \$ 500
3 Children \$ 800

Summer Camp Afternoon
Afternoon Session Registration Fee \$75
(12 pm – 6pm)
1 Child \$ 320
2 Children \$ 500
3 Children \$ 800

Comments: _____

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

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

Credit Card payment is accepted.

Bill in **FACTS** (Auto pay only check here): _____

Contact: Mrs. Teresa Nelson, Summer School Coordinator

Email: TNelson@hfgsglendale.org

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