

SUMMER SCHOOL REGISTRATION 2018

PLEASE **PRINT** ALL INFORMATION-You must also complete the emergency information requested on the bottom of this form.

STUDENT's Last Name, First Name, Middle Name: _____

STUDENT's Residence Address: _____

City/State/Zip: _____ Grade in Fall 2017: 7 8 9 10 11 12 (circle one)

STUDENT's Residence Area Code/Phone: (____) _____ Sex M _____ F _____

Parents Primary email: _____

Emergency Area Code/Phone: (____) _____ STUDENT's Date of Birth: _____

FATHER's Last Name, First Name: (Mr. ___ Dr. ___) _____

Father's Residence Area Code/Phone: (____) _____ Employer/Emergency Area Code/Phone: (____) _____

MOTHER's Last Name, First Name: (Ms. ___ Miss ___ Mrs. ___ Dr. ___) _____

Mother's Residence Area Code/Phone: (____) _____ Employer/Emergency Area Code/Phone: (____) _____

A student directory for the sole purpose of ride sharing/car pooling will be published. Do you wish to be included? Yes ___ No ___

FIELD TRIP CONSENT

I give permission for my above-named son/daughter to participate in field trips, and/or excursions sponsored by St. Francis High School summer program. I understand that parents will be notified prior to any such activities and that the mode of transportation will be determined by St. Francis High School. The students will be accompanied by responsible adults during these activities.

► **Required Signature of Parent/Guardian (Do Not Print!)** _____ **Date:** _____

EMERGENCY TREATMENT/DISMISSAL INFORMATION

This section MUST be completed in order for your child to attend any summer classes or camps at St. Francis High School (PLEASE PRINT)

STUDENT's Last Name, First Name, Middle Name: _____

Please list allergies/special medical conditions or indicate "NONE" _____

I give permission to have Tylenol dispensed to my son/daughter by a school official (**please initial**) Yes ___ No ___

The undersigned parent(s)/guardians(s) of the above-named student, a minor, do hereby authorize St. Francis High School, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medicine Practice Act of the State of California, or the medical staff of a licensed 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 as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from JUNE, 2017 through JULY 2017, unless sooner revoked in writing delivered to said agent(s).

I understand that it is my responsibility to inform St. Francis High School, **IN WRITING**, of any changes pertaining to these cards. If I **DO NOT** inform St. Francis High School of any changes, **IN WRITING**, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

► **Required Signature of Parent/Guardian (Do Not Print!)** _____ **Date:** _____

In the event of an emergency such as earthquake, civil disturbance, etc., St. Francis High School will yield to your wishes with regard to the safe dismissal of your son/daughter in a timely manner from our campus. In order to make this possible, please check your preference(s) below. If you check more than one, please number your preferences in order of priority.

My son/daughter may: ___ walk home ___ ride the bus home ___ drive a car pool ___ ride home in any car pool ___ has permission to drive home

___ ride home with the following car pool drivers only: a. _____ b. _____

My son/daughter may be released to the following individuals only:

1. Name _____ Relationship _____ Area Code and Phone Number _____

2. Name _____ Relationship _____ Area Code and Phone Number _____

I hereby release St. Francis High School from any liability once my son/daughter has been dismissed in accordance with the above requests.

► **Required Signature of Parent/Guardian (Do Not Print!)** _____ **Date:** _____

PLEASE REMEMBER that our phone lines must be kept open. DO NOT CALL the school.

MAIL REGISTRATION & (Separate) PAYMENT(S) TO: **St. Francis H. S. Summer School ♦ 200 Foothill Blvd. ♦ La Cañada, CA 91011**

Quarter Classes

	Course Name	Course Number	Cost (per class)
Period 1			\$300
Period 2			\$300
Period 3			\$300
Period 4			\$300

High School Credit Classes

	Course Name	Course Number	Semester	Cost (per class)
Periods 1 & 2			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Full Year	
Periods 3 & 4			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Full Year	
Periods 1-4			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Full Year	

DO NOT USE THIS PORTION FOR ANY CAMPSAdd \$25.00 for registration received by school **AFTER JUNE 11**

SUB TOTAL \$ _____

\$ _____

Please make checks payable to: ST. FRANCIS HIGH SCHOOL

TOTAL \$ _____

(Checks for Academic Curriculum are SEPARATE from Camps. Each Camp must have a separate check.)**CAMP REGISTRATION 2017****Please check the camp(s) of your choice:**

_____ DRUMLINE	\$250	_____ BASKETBALL	\$265
_____ FOOTBALL	\$300	_____ SOCCER	\$180
_____ VOLLEYBALL	\$85	_____ YOUTH SPEED & AGILITY	\$180
_____ WATER POLO	\$250		

REMEMBER: Checks for *Academic Curriculum* are SEPARATE from *Camps*. Add \$25.00 for registration after June 12.

Please make checks payable to: St. Francis (Baseball, Basketball, Drumline, Football, Lacrosse, Soccer or Volleyball, Water Polo, Youth Speed & Agility)) Camp (Each Camp must have a separate check.)

For credit card payments please contact the Business Office at (818) 790-0325 ext. 922**Complete Name and Mailing address** of school you will be attending in the Fall of 2017 (if St. Francis, please indicate "SFHS" only). Transcripts for classes that earn High School credit will automatically be sent to that school. **If you do not provide ALL requested information, a transcript WILL NOT BE SENT.** A \$5.00 charge will be applied to subsequent requests.

School name: _____

School address: _____

***Students from other high schools must provide a signature from their school administration verifying good standing with their school**

Administrator Signature: _____

► **Required** Signature of Parent/Guardian (Do Not Print!) _____ Date: _____

MAIL REGISTRATION & (Separate) PAYMENT(S) TO: St. Francis H. S. Summer School ♦ 200 Foothill Blvd. ♦ La Cañada, CA 91011