

St. Patrick School Summer Quest Registration

DO NOT SEPARATE FORM

(rev 1/2018)

Child's Name:		Present grade
Mailing Address, City, Zip Code	Phone:	Present School:
School entering for 2018-2019		Grade entering 2018-2019
Mother:	Employed by:	Phone:
Father:	Employed by:	Phone:

CLEARANCE: With whom will your child go home? List anyone who might be picking-up your child, including you, the parent(s). For your child's protection, we will not release your child to anyone other than the persons listed below.

Name/Relations	Address	Bus. Phone	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL CONTACT: List emergency contact to be called if your child is seriously ill or injured.

Name/Relations	Address	Bus. Phone	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY ALLERGIES: _____

EXCURSION RELEASE: St. Patrick will take all precautionary measures to ensure your child's safety on planned excursions. I, the undersigned, give permission to St. Patrick Summer Quest to take my child on all excursions by bus or within walking distance. I release St. Patrick from responsibility in case of accident. I further understand that information regarding the excursion will be given prior to the event.

Parent/Guardian _____ Date _____

Registering for the following classes:

Office Use Only

Room

Tuition Due:

(For Summer Quest office only)

1 Class \$160		Date Rec'd _____ by _____
2 Classes \$260		PAID IN FULL _____ ck# _____ Bal. _____
3 Classes \$360		Tuition _____ ck# _____ Bal. _____
4 Classes \$385		1/2 Tuition _____ ck# _____ Bal. _____
8am - 12:15p Block Class \$385		Comments:
PM Quest \$300		
+ Morning Care \$35		
Morning Care ONLY \$45		
TOTAL DUE		

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checks payable to: **ST. PATRICK SCHOOL – MEMO: SUMMER QUEST 2018**