

**SAINT PASCHAL BAYLON SCHOOL-SUMMER PROGRAM 2019**

**Registration Form / Medical Release**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PLEASE PRINT

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Student's Current School: \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Insurance: \_\_\_\_\_ Group/Member #: \_\_\_\_\_

Allergies, Medications, etc.: \_\_\_\_\_

**Other emergency contacts:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CLASS REGISTRATION**

First Course: \_\_\_\_\_  
TITLE OF CLASS

Second Course: \_\_\_\_\_  
TITLE OF CLASS

**\*Please enclose a \$100.00 deposit for each session and return this registration form.**

**FULL payment is due by 6/12/19.**

***PLEASE USE A SEPARATE FORM FOR EACH STUDENT***

**PARENT AGREEMENT**

I understand that the summer session registration fee is nonrefundable; that St. Paschal Baylon School reserves the right to cancel classes for which there is insufficient enrollment; and that the school cannot refund tuition if the application is withdrawn after June 10, 2019. In the event that a class is cancelled, the tuition will be refunded. I have discussed this program with my child and approve of his/her participation. I understand this program cannot accommodate students with discipline problems. Should a problem arise, the student/parent will discuss the matter with the Summer School administrator and abide by decisions made by the school. If the problem persists, the student may be dismissed from the class with no refund of the course fees. Rules and regulations in the SPBS *Parent/Student Handbook* are in effect during Summer School, with the exception of the uniform regulations, and are enforced by the Summer School administrator and/or SPBS administration. Your signature indicates your compliance with our *Handbook*.

All students must be picked up within 10 minutes of the end of their class(es). *Students are enrolled and attend SPBS Summer School at the discretion of the SPBS administration.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEDICAL AGREEMENT**

I hereby request that my son or daughter \_\_\_\_\_ attend the St. Paschal Baylon School Summer School Program during July 2019. I do not hold anyone connected with the SPBS Summer School program or SPBS responsible if any misfortune should occur. I understand and support the fact that my son or daughter must comply with the directions given by the school during the Summer School program. I agree to instruct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the program. I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults from any liability in connection with this request.

I understand that my insurance benefits, which are in effect, may have limited application.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***PLEASE USE A SEPARATE FORM FOR EACH STUDENT***