

**SAINTS FELICITAS AND PERPETUA SCHOOL**

2955 Huntington Drive, San Marino, CA 91108 (626) 796-8223

**2018 Summer Bridge Program Enrollment Form**

**June 25th - July 20th**

**Students entering Grades K, 1, 2, 3, 4 and 5 in the Fall of 2018**

Office use only:	
SS	_____
Daycare	_____
	_____

*PLEASE PRINT CLEARLY*

1) Child's Name: \_\_\_\_\_  
first middle last  
 Grade Child Is Entering in the Fall: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_  
first middle last  
 Grade Child Is Entering in the Fall: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Telephone: ( ) \_\_\_\_\_ Family Email: \_\_\_\_\_

Father's Name \_\_\_\_\_  
first last

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
first last

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

<b>SUMMER BRIDGE PROGRAM ENROLLMENT FEE: \$400.00 PER STUDENT</b>
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**Class size is limited so please return enrollment form by May 11, 2018.**

<p><b>We are also offering afternoon Daycare for children in Grades TK-8</b>  <b>Children do not have to attend the morning session to be enrolled in the afternoon Daycare</b>  <b>Daycare Hours: 12:00 to 6:00 pm</b>  <b>Cost per child: \$350.00 (June 25th-July 20th)</b></p>	
Name of child(ren) enrolled in Daycare	
_____	Approximate Time of daily pick-up _____
_____	
_____	
Parents are to provide a daily lunch. Afternoon snacks will be provided.	

## Emergency Information

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, PLEASE CALL:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

1) Student Name \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Asthma  
\_\_\_\_\_ Allergies  
\_\_\_\_\_ Health Problems \_\_\_\_\_  
\_\_\_\_\_ Medication (taken Regularly) \_\_\_\_\_  
\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2) Student Name \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Asthma  
\_\_\_\_\_ Allergies  
\_\_\_\_\_ Health Problems \_\_\_\_\_  
\_\_\_\_\_ Medication (taken Regularly) \_\_\_\_\_  
\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand that the school does not assume responsibility for payment to a physician or any medical or dental services. However, in an emergency the school may choose a physician. In an emergency I give SS. Felicitas and Perpetua School and/or any School Official permission to have my child receive medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_