



# JUSTIN-SIENA HIGH SCHOOL



COLLEGE PREPARATORY

CATHOLIC, LASALLIAN EDUCATION FOR THE 21ST CENTURY

## SUMMER PROGRAMS REGISTRATION FORM

Student's Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student's current school \_\_\_\_\_ Current grade \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Parent/Guardian's Full name \_\_\_\_\_

Relation to student \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone \_\_\_\_\_ Home phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency contact during the summer (if different from above)

\_\_\_\_\_

Relation to student \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Membership # \_\_\_\_\_

### PROGRAM SELECTION

Refer to summer programs catalog for course titles, dates, times, tuition, and course number information.

	Course/Camp Title	Session #/HS	Tuition
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____

Total enclosed \$ \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL CARE

I hereby authorize Justin-Siena, its faculty and staff to take whatever deems necessary for the health and welfare of the student submitting this registration. This authorizes the school to admit the student to any hospital selected by the attending doctor. In the event of an accident/emergency, the student may be taken to the nearest doctor and/or hospital for treatment and care. I will be responsible for any bills incurred in this care and treatment.

\_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE