

All Saints' Summer Day School Registration Form

Please print and completely fill out all information requested. Please fill out a separate registration form for each student. All tuition and fees are due in full upon registration. All classes are filled on a first come, first served basis. Fees are not refunded unless the class is cancelled. Your cancelled check is your confirmation of enrollment.

Student Information

Student Name _____ Telephone Number _____
Mailing Address _____ City _____ Zip _____
Grade of Student _____ Date of Birth _____ School Student Attends _____
(as of fall 2008)

Emergency Contact Information

Name of Parent or Guardian _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Allergies or Medications _____ OK to give Tylenol _____ Yes _____ No
Advil _____ Yes _____ No

Parental Authorization

I hereby authorize All Saints' Day School (if two or more agents are named either may act under the authority of this "Consent") as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of and physician and surgeon licensed under provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or of 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 to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Family Code of California.

The undersigned hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 6910 of the Family Code of California to surrender physical custody of such minor to the above named agent (s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

Dated _____ Signature of Parent/Guardian _____

Class Registration

Week 1 - July 7 - July 11

Morning Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Lunch Supervision (required if staying for both AM & PM sessions -\$15.00 per week) Fee _____

Afternoon Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Total Tuition & Fees due for Week 1 _____

Week 2 – July 14 – July 18

Morning Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Lunch Supervision (required if staying for both AM & PM sessions -\$15.00 per week) Fee _____

Afternoon Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Total Tuition & Fees due for Week 2 _____

Week 3 – July 21 – July 25

Morning Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Lunch Supervision (required if staying for both AM & PM sessions -\$15.00 per week) Fee _____

Afternoon Class Choice

Name of Class _____ Tuition \$125 Materials Fee _____

Total Tuition & Fees due for Week 3 _____

