



SACRED HEARTS ACADEMY

2023 SUMMER PROGRAMS REGISTRATION FORM

Please submit a separate registration for each student.

Type or print clearly, complete and return form with payment to:

SACRED HEARTS ACADEMY, LOWER SCHOOL SUMMER PROGRAMS, 3253 Waiālae Avenue, Honolulu, HI 96816

(INTERNATIONAL APPLICANTS: REFER TO REGISTRATION REQUIREMENTS AT BOTTOM*)

GRADES 4 TO 7*

▶ STUDENT NAME: LAST FIRST MIDDLE INT. BIRTHDATE SEX

PREFERRED ADDRESS (STREET) CITY STATE ZIP HOME PHONE

SCHOOL CURRENTLY ATTENDING (2022 TO 2023) SCHOOL ATTENDING IN FALL (2023) GRADE ENTERING IN FALL (2023)

▶ MOTHER/GUARDIAN'S NAME: LAST FIRST CELL/DAYTIME PHONE E-MAIL

▶ FATHER/GUARDIAN'S NAME: LAST FIRST CELL/DAYTIME PHONE E-MAIL

COURSE REGISTRATION

- ▶ Use course selection chart and cost chart to complete form below
- ▶ If first choice class is closed, second choice will be assigned
- ▶ To compute tuition total, use costs for FIRST CHOICE class fees to determine Morning Session fee total (this page) and add to Afternoon Session fee total on next page

MORNING SESSION

CLASS #	COURSE NAME	PERIOD #	LAB FEE	INTENSIVE COURSE FEE	TOTAL
1 - First Choice					
1 - Second Choice					
2 - First Choice					
2 - Second Choice					
3 - First Choice					
3 - Second Choice					
4 - First Choice					
4 - Second Choice					
	BASE TUITION (For Four courses)	—	—	—	\$750
MORNING SESSION FEE TOTAL \$					

*At this time, the ACADEMY is accepting registrations for SUMMER PROGRAMS from INTERNATIONAL STUDENTS who fulfill the requirements from the Centers for Disease Control (CDC) related to the Corona Virus Situation for those entering the United States. These include limited entry restrictions for citizens from certain countries and vaccination, testing and quarantine protocols. Contact the ADMISSION OFFICE for requirements for International students at 808.734.5058 ext. 224 or admissions@Sacredhearts.org.



To compute TUITION TOTAL for GRADES FOUR TO SEVEN,
add Morning Session Fee Total (page one) to Afternoon Session Fee Total (below)

GRADES 4 TO 7

AFTERNOON SESSION (Select below if applicable)

CAMP/CLINIC NAME	DATES	PERIOD #	FEE	TOTAL
Extended Summer Program (Grades 4 to 7)	June 13 to July 14	1	\$750	
AFTERNOON SESSION FEE TOTAL \$				
+ MORNING SESSION FEE TOTAL (FROM PAGE 1)				
= SUMMER PROGRAMS TUITION TOTAL ENCLOSED				

I UNDERSTAND THAT MY CHILD'S REGISTRATION WILL BE PROCESSED ONCE PAYMENT IS RECEIVED. I CERTIFY THAT I HAVE REVIEWED THE SUMMER PROGRAMS GUIDE AND AGREE TO ACCEPT THE SCHOOL'S PROCEDURES, RULES AND REGULATIONS AS NOTED IN THE GUIDE. I FURTHER AGREE TO PHOTOGRAPHIC USE CONSENT AND INTERNET USE STATEMENTS NOTED ON THE FOLLOWING PAGES.

► PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT) _____

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EMERGENCY CONTACT INFORMATION

*In case of emergency, mother/father or guardian(s) will be contacted first.
If additional emergency contacts are needed, please complete and submit information below.*

▶ STUDENT LAST NAME STUDENT FIRST NAME GRADE ENTERING IN FALL

▶ EMERGENCY CONTACT #1:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

▶ EMERGENCY CONTACT #2:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

FIELD TRIP AUTHORIZATION

MY CHILD (FIRST NAME AND LAST NAME), _____, HAS MY/OUR PERMISSION TO ATTEND AND PARTICIPATE IN ALL ACTIVITIES AND FIELD TRIPS SPONSORED BY SACRED HEARTS ACADEMY'S 2023 SUMMER PROGRAMS.

I UNDERSTAND THAT REASONABLE CAUTION WILL BE TAKEN TO ENSURE THE SAFETY OF MY CHILD; HOWEVER, I WILL NOT HOLD THE SCHOOL, THE TEACHERS AND THE CHAPERONES LIABLE IN CASE OF ACCIDENTS.

▶ PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)



PHOTOGRAPHIC CONSENT

ACADEMY FACULTY AND STAFF REGULARLY PHOTOGRAPH STUDENTS ENGAGED IN ACTIVITIES IN THE CLASSROOM AND ON CAMPUS FOR USE IN PROMOTIONAL MATERIAL, INCLUDING PRINTED COLLATERAL AND ON THE SCHOOL'S WEBSITE. I GIVE PERMISSION FOR THE ACADEMY TO USE MY CHILD'S PHOTO FOR SCHOOL PURPOSES.

INTERNET USAGE CONSENT

MY CHILD SHALL HAVE ACCESS TO THE INTERNET AND/OR AN EMAIL ACCOUNT DESIGNATED FOR EDUCATIONAL PURPOSES. I UNDERSTAND THAT IT IS IMPOSSIBLE FOR SACRED HEARTS ACADEMY TO ELIMINATE ACCESS TO ALL CONTROVERSIAL MATERIALS AND WILL NOT HOLD THE SCHOOL RESPONSIBLE FOR MATERIAL ACQUIRED OR STRANGERS MET ON THE NETWORK. FURTHER, I ACCEPT FULL RESPONSIBILITY FOR SUPERVISION IF AND WHEN MY CHILD'S COMPUTER USE IS NOT IN A SCHOOL SETTING. THIS PRIVILEGE MAY BE REVOKED BY THE COMPUTER SYSTEM ADMINISTRATOR IF USE IS ABUSED BY THE STUDENT.

▶ STUDENT LAST NAME

STUDENT FIRST NAME

▶ PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)

ADDITIONAL HEALTH INFORMATION

MY CHILD (FIRST NAME AND LAST NAME), _____, HAS A MEDICAL CONDITION AND/OR ALLERGIES THAT THE SCHOOL NEEDS TO BE AWARE OF (*Check applicable option*):

NO

YES (*If applicable, describe the medical condition and/or the allergies and the treatment, etc. below*)
