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, UPPER SCHOOL SUMMER PROGRAMS, 3253 Waialae Avenue, Honolulu, HI 96816

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

GRADES 8 TO 12

STUDENT NAME: LAST	FI	RST	MIDDLE INT	•	BIRTHDATE	SEX
PREFERRED ADDRESS (STREET)	CITY	STATE	ZIP		HOME PHO	ONE
SCHOOL CURRENTLY ATTENDING (202	2 TO 2023)	SCHOOL ATTENDING	5 IN FALL (2023	GRADE	ENTERING II	N FALL (2023
MOTHER/GUARDIAN'S NAME: LAST	FIRST	CELL/	DAYTIME PHONE	E-MAII	-	
FATHER/GUARDIAN'S NAME: LAST	FIRST	CELL/	DAYTIME PHONE	E-MAII	-	
	(COURSE REGISTRATIO	N		_	
(List course in	formation be	low and calculate tuitic	on fees in the "TOT.	AL" field)		
COURSE NAME			SESSION/SEC	TION	FEES	TOTAL
			TOTAL TUITI	ON ENC	LOSED \$	
I UNDERSTAND THAT MY CHILD'S REGISTR. SUMMER PROGRAMS GUIDE AND AGREE						
I FURTHER AGREE TO PHOTOGRAPHIC US	E CONSENT AN	nd internet use stateme	ents noted on th	E FOLLOV	VING PAGES.	
PARENT/GUARDIAN SIGNATURE			DATE			
PARENT/GUARDIAN NAME: FIRST/LAST (PF	RINT)					

*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.



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		
PEMERGENCY CONTAC	T #1:				
LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT		
WORK PHONE	DAYTIME PHONE	OTHER PHONE	EMAIL		
EMERGENCY CONTAC	T #2:				
LAST NAME		FIRST NAME	relationship to student		
WORK PHONE	DAYTIME PHONE	OTHER PHONE	EMAIL		
	FIEL	D TRIP AUTHORIZATION			
MY CHILD (FIRST NAME AND LAST NAME),		, HAS M	, has my/our permission to attend and		
PARTICIPATE IN ALL ACT	VITIES AND FIELD TRIPS SPONSO	DRED BY SACRED HEARTS ACADEM	y's 2023 Summer programs.		
	SONABLE CAUTION WILL BE TA S AND THE CHAPERONES LIABLI		CHILD; HOWEVER, I WILL NOT HOLD THE		
PARENT/GUARDIAN SIG	NATURE	DATE			
I AKLINI/GUAKDIAN SIG	INATURE	DAIE			
PARENT/GUARDIAN NA	ME: FIRST/LAST (PRINT)				



PHOTOGRAPHIC	CONSENT
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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)			
ADDITIONA	AL HEALTH INFORMATION		
MY CHILD (FIRST NAME AND LAST NAME),	, HAS A MEDICAL CONDITION AND/OR (Check applicable option):		
NO			
YES (If applicable, describe the medical condition a	nd/or the allergies and the treatment, etc. below)		