



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 School, 3253 Waiialae Avenue, Honolulu, HI 96816

Grades Pre-School (age three) to Three

Student Name: Last First Middle Int. Birthdate Sex
Preferred Address (Street) City State Zip Home Phone
School Currently Attending (2017 to 2018) School Attending in Fall (2018) Grade Entering in Fall (2018)
Mother/Guardian's Name: Last First Cell/Daytime Phone E-mail
Father/Guardian's Name: Last First Cell/Daytime Phone E-mail

Course Registration (Select options that apply below and calculate tuition in the Total field)

Table with 5 columns: Session Name, Dates, Session, Fees, TOTAL. Rows include Pre-School Half-Day Program, Pre-School Full-Day Program, Morning Sessions for Senior Kindergarten through Grade Three, and Count Me In Math Camp I.

TOTAL TUITION ENCLOSED \$

*The Academy's Afternoon Program for students in grades Senior Kindergarten to six runs from 11:45 a.m. to 5:00 p.m. and is administered by Kama'aina Kids.

(For details about program activities, pricing and registration information, contact Kama'aina Kids' Site Coordinator Robyn Alford at 808.208.9963. Applications are also available in the Lower School Office.)

I understand that my child's registration will be processed once payment is received. I certify that I have reviewed the Summer School 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 page.

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: 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)



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
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Emergency Contact #1:

Last Name	First Name	Relationship to Student
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Work Phone	Daytime Phone	Other Phone	Email
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Emergency Contact #2:

Last Name	First Name	Relationship to Student
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Work Phone	Daytime Phone	Other Phone	Email
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Field Trip Authorization

My child, _____, has my/our permission to attend and participate in all activities and field trips sponsored by Sacred Hearts Academy's 2018 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)