



Sacred Heart Summer Program

Participant Name Last First MI

Male Female D.O.B. _____ Age _____

Rising grade for SY 18-19 _____ Current school attending _____

Address City State Zip code

Parent /Guardian's Name Home Phone Number

Work Phone Number Cell Phone Number

_____ Child will depart camp by: Car pick-up Bus Walk
E-mail

Additional Transportation/Pick-up Individual #1:

Name Relationship Primary Phone Number

Emergency Contact: Please list 2 people we may contact if you cannot be reached.

Name Phone Number Address

Name Phone Number Address



Medical Information:

Physician Name

Physician Phone Number

Medical Release

In case of an emergency, the Sacred Heart School procedure will be to contact the parent at home or work. If unable to reach either parent, we will contact the next emergency contact listed.

I will not hold the school financially responsible for any emergency care or transportation of said child.

Yes, I agree and read the above statement.

Allergies

Does your child have any known allergies to food, medications or has Asthma? Circle: N Y

If yes, please explain:

Publicity Release:

Sacred Heart School and the Archdiocese of Washington have opportunities throughout the summer to promote education through news stories in radio, TV, print and electronic media.

Sacred Heart School has my permission to use my child's photograph publicly to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes Do not agree

I confirm that the above information is correct and will follow up with the school office concerning payment.

Parent Signature

Parent Name

Date