



Academy of St. Priscilla at Divine Savior

Primary Center of Excellence

Our Faith – Our Commitment – YOUR Future

Application for Summer Program Admission

Complete a separate form for each student. Please print or type. Incomplete applications will be returned.

Applying to **Summer Program for 2012**

T-shirt Size: _____

Student's Full Name _____
First Middle Last

Home address _____
Number & street City/State/Zip Phone

Gender ☐ Male ☐ Female Date of Birth ____/____/____
(Attach birth certificate)

Current School _____

Student resides with: ☐ both parents ☐ mother only ☐ father only ☐ guardian only

| Father | Mother |
|--|--|
| Full Name | Full Name |
| Home Address (If different from child's) | Home Address (If different from child's) |
| City/State/Zip | City/State/Zip |
| Home Phone (If different from child's) | Home Phone (If different from child's) |
| Cell Phone | Cell Phone |
| Email address | Email address |
| Place of Employment/Occupation | Place of Employment/Occupation |
| Business Phone | Business Phone |

Emergency Contact Information: (List the names of three relatives or friends who we may contact if we are not able to contact you)

| | |
|---------------|--------------------|
| 1. Name _____ | Phone Number _____ |
| 2. Name _____ | Phone Number _____ |
| 3. Name _____ | Phone Number _____ |

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me or any of the emergency contacts, I hereby authorize the school to contact the physician listed on this form below and to follow his/her instructions. If it is impossible to reach the physician, the school may make whatever arrangements seem necessary.

| | |
|-----------------------|--------------------|
| Physician _____ | Phone Number _____ |
| Hospital/Office _____ | Address _____ |

Medical Information:

| | |
|-----------------|-------------------|
| Allergies _____ | Medications _____ |
| _____ | _____ |