



St. Anthony School

Summer Specials 2023 Registration Agreement

Child Name: _____

Child Name: _____

Entering Grade: _____

Entering Grade: _____

School Attending: _____

School Attending: _____

Email Address: _____

Home Phone: _____

Mailing Address: _____

Parent/Legal Guardian (Authorized to Pick up Child)

Parent's Name: _____

Parent's Name: _____

Work #: _____ Cell #: _____

Work #: _____ Cell #: _____

Medical Conditions/Allergies: _____

Doctor Name: _____ Phone: _____ Medical Ins: _____

Authorized to Pick-Up (other than Parents):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

All program fees are pre-paid.

- Musical Theater:** 6/5-6/30 8-12pm \$250 per week June 5 – June 26 (4 weeks)
- Piano:** 6/5-6/30 12:30-3:30pm \$250 per week June 5 June 13 June 20 June 26
- Elem. Academic:** 6/20-7/14 8-11:30am \$200 per week June 20 June 26 July 3 July 10
- Creative Writing:** 6/20-6/30 9-11am \$200 per week June 20 June 26

I understand the requirements established by St. Anthony School's SUMMER SPECIALS PROGRAM. I hereby entrust my child to the supervision of the program staff and in the event of an emergency I request that the above named physician be notified of any serious injury, which the qualified staff at St. Anthony School is unable to handle. I understand that parents will be notified of any injuries. I hereby grant permission to have my child transported to Maui Memorial Medical Center in the event of injury requiring Emergency Care. I have read the Registration Policies for the Summer Program and will abide by all rules.

Parent/Guardian Signature

Print Name

Date



St. Anthony School

Summer Specials 2023 Policies

Child(s) Name: _____

Please carefully read the following statements. Your initials indicate that you fully understand and will abide to all requirements.

1. _____ I understand all payments are due in advance.
2. _____ I understand when the program times starts and ends.
It is my responsibility to pick up, or have an authorized adult pick up on time.
3. _____ My child must be signed in and signed out each day by an authorized adult.
4. _____ My child must stay on campus once they have been signed in.
5. _____ My child will not be released to any person(s) not listed on the registration form.
6. _____ In case of a medical emergency the St. Anthony School staff will first attempt to contact me. If I cannot be reached the staff will attempt to contact the person(s) authorized by me in case of emergency.
 - If no authorized person can be reached, treatment will be arranged at the nearest medical facility.
 - I will be financially responsible for all medical and transportation costs incurred on my child's behalf.
7. _____ I will not send my child to the Summer Program if they are ill or have a fever. Should my child develop a fever, it is my responsibility to arrange for my child to be picked up immediately.
9. _____ If my child does not attend a day(s) of their selected week, no credits or refunds will be made.
 - I understand there is a \$35.00 service charge for any returned check.
10. _____ I understand that if my child manifests disruptive behavior after two (2) supervisor/parent conferences, he/she will be terminated from the program (fees are non-refundable).

I have read and fully understand my responsibilities in the program.

Parent/Guardian Signature

Print Name

Date