



**SUDBURY
CATHOLIC
DISTRICT
SCHOOL BOARD**

165A D'Youville Street
Sudbury ON P3C 5E7
705.673.5620
705.673.8899 fax
sudburycatholicschools.ca

Summer Program Registration Form

FOR STUDENTS IN FDK YEAR 2 - GRADE 5

Summer Program Location: St. Francis Catholic School (691 Lilac St.)

Summer Program Code: _____

STUDENT Information:

Name:	Date of Birth: (yy/mm/dd)	Gender:
Address:	Telephone:	
Name of Parent(s)/Guardian(s):	Name of Person(s) authorized to pick up student after class:	
Name of School: (currently attending)	Current Grade:	

EMERGENCY and MEDICAL Information:

Name of Emergency Contact:	Relationship:
Emergency Contact Phone Number:	
Health Concerns/Special Needs/Medication: <i>Please provide details:</i>	

CONSENT:

- I understand that transportation will NOT be provided and is the responsibility of the parent or legal guardian. (Drop off not before 8:15am/Pick up no later than 12:35pm)
- I am the parent/legal guardian and give permission for my child to attend the SCDSB Summer Program at St. Francis Catholic School.
- Enrollment is limited and I understand that I will receive a **phone call** to confirm **if** my child has been accepted to the program.
- Commitment to the **entire duration** (July 9th to July 27th, 2018) of the program must be made.
- After 2 days of absence your child will unfortunately be demitted from the program.

Parent/Guardian Signature: _____ **Date:** _____

Email Address: _____

School to complete: Most recent DRA Level: _____ Student OEN: _____