



OLPH Summer Academy 2017
Engage your mind this summer!

Registration Form

661.259.1141 mr.patino.olph@gmail.com www.olphsc.org

Please be sure to read and complete all portions of this registration form.

Family Information:

Parent/Guardian #1

Relationship to child: _____

Last Name: _____ First Name: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Work Telephone #: (____) _____ Email: _____

Secondary Contact (if above cannot be reached):

Last Name: _____ First Name: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Relationship: _____

Mailing Address of Family:

Street: _____

City: _____ Postal Code: _____

Student Information:

Student last name: _____ First name: _____

Gender: M / F Date of birth: ____ / ____ / ____ Grade currently enrolled: ____

School currently enrolled: _____

Student #2 last name: _____ First name: _____

Gender: M / F Date of birth: ____ / ____ / ____ Grade currently enrolled: ____

School currently enrolled: _____

Student #3 last name: _____ First name: _____

Gender: M / F Date of birth: ____ / ____ / ____ Grade currently enrolled: ____

School currently enrolled: _____

Student Health Information

Please complete this information to the best of your knowledge. Please inform staff in writing of any changes to your child’s health prior to their arrival at OLPH Summer Academy.

Insurance Co.: _____

Family doctor: _____

Phone #: (_____) _____

Does your child have any allergies/intolerances? _____ Yes _____ No

If yes, what are they allergic to?

Does this allergy require an epi-pen? _____ Yes _____ No

Does your student take any medication? _____ Yes _____ No

If yes, what medication?

*****All medication must be in its original container with all instructions attached. You will be required to fill out a medication administration document before your child attends OLPH Summer Academy. All medication must be given to the child’s teacher *****

Are there any activity restrictions while at OLPH Summer Academy? _____

Are there any special/behavioral considerations that OLPH Summer Academy should be aware of in order to better facilitate your child’s experience?

For Grades K – 8, please circle which weeks you would like to attend and which two classes you are interested in: (\$100 per week)

Student 1: _____ **Grade:** _____

Week 1: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Science

Week 2: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Art in Action, Sports, Vacation Bible School, Science, Fun with Food

Week 3: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Art in Action

Student 2: _____ **Grade:** _____

Week 1: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Fun with Food, Science

Week 2: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Art in Action, Sports, Vacation Bible School, Science, Fun with Food

Week 3: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Art in Action,

Student 3: _____ **Grade:** _____

Week 1: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Fun with Food, Science

Week 2: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Art in Action, Sports, Vacation Bible School, Science, Fun with Food

Week 3: K-1 Head Start, Math, Programming and Logic, Reading and Writing Wonders, Sports, Art in Action,

Will you need Kids Care after Summer Academy? _____ (11:30 - 3:00) (\$25 a day per child)

Office Use Only

Registration Fee Paid _____ Date _____ Chk # _____ Cash _____

Receipt # _____

Tuition Fee Paid _____ Date _____ Chk # _____ Cash _____ Receipt # _____

Registered by: _____ Date: _____