

**STUDENT INFORMATION -
Summer 2010 Enrichment Program**

Class Time: Session I 9:00—10:30 a.m.
Session II: 10:45—12:15 a.m.

Cost: \$100.00 per class
(Limit: 8—12 Students, unless otherwise stated; cost includes materials)
Make check payable to: St. Michael School

Dates: *Week One:* June 7, 8, 9, 10, 11
Week Two: June 14, 15, 16, 17, 18
Week Three: June 21, 22, 23, 24, 25

Registration:

1. Return **REGISTRATION** forms **WITH CHECK** (payable to *St. Michael School*) to main office or LMC.
2. Return this completed **PRE-REGISTRATION FORM**, at time of registration.

Student's name: _____ Grade: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Father's Name: _____

Mother's Name: _____

Work Phone: _____

Guardian's Name: _____

Emergency Contact:

Name: _____

Phone: _____

Note Allergies: _____

Note any health problems or physical limitations: _____

Name/phone of physician: _____ Phone: _____

In case of emergency, authorization is given to transport my child to the hospital:

_____ Yes _____ No.

Parent's signature: _____ **Date:** _____

Additional information:

- Parents must provide student transportation, and **students must be picked up on time.**
- Enrollment will be on a first come, first served basis—we recommend selecting alternate choices (1st, 2nd, 3rd) in case class is full.