



St. Nicholas School

www.stnicholaseducation.com

SUMMER SESSION 2008

June 23 through July 25

APPLICATION FOR ADMISSION

Student Information – PLEASE PRINT

Student's Name _____
Last First Middle Initial

Grade Entering in Fall 2008 _____

School Attending in Fall 2008 _____

Parent/Guardian Information

Parent's Name(s) _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

E-Mail _____

Course Selection

All individual classes are \$150 per child for Monday – Friday (five weeks), except Academic Chess and Music. If you are registering for the Half-Day Program, fill in your choice of elective (art or science) for the student's grade level.

Requested Course Selection:

COURSE TITLE	TIME	TUITION
<i>Half-Day Program 8:00 – 12:30 p.m. Monday – Friday</i> *Choose Elective (circle one): Art Science		\$ 550.00
		\$ 150.00 per course
<i>Daycare 1:00 – 4:00 p.m. Monday - Friday</i>		\$ 110.00

A non-refundable deposit of least one-half of the total tuition must be received with completed application and Health and Emergency Information Form before registration can be confirmed. The balance of the tuition must be paid by Thursday, May 31.

St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.

For inquiries: Please e-mail us at info@stnicholaseducation.com or call the school office at (818) 886-6751.

TOTAL TUITION _____
Add Art Material Fee (if applicable) _____
DEPOSIT ½ TOTAL _____
Make checks payable to: St. Nicholas School
<i>Mail or return to:</i> St. Nicholas School 9501 Balboa Ave. Northridge, CA

HEALTH INFORMATION

2008 SUMMER SESSION

TO ENABLE PROPER CARE OF YOUR CHILD, FILL IN COMPLETELY AND ACCURATELY.

NAME OF CHILD _____ AGE _____ GRADE _____

ADDRESS _____ HOME PHONE _____

FATHER'S NAME _____ WORK PHONE _____

CELL/PAGER _____

MOTHER'S NAME _____ WORK PHONE _____

CELL/PAGER _____

DOES THE CHILD'S MOTHER HAVE PERMISSION TO PICK UP CHILD? YES _____ NO _____

DOES THE CHILD'S FATHER HAVE PERMISSION TO PICK UP CHILD? YES _____ NO _____

IF YOU HAVE A COURT ORDER STATING A PARENT DOES NOT HAVE PERMISSION TO VISIT OR PICK UP YOUR CHILD, YOU MUST PRODUCE A COPY OF THE COURT ORDER FOR THE SCHOOL OFFICE.

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CALL:

NAME _____ HOME PHONE _____ WORK PHONE _____

CELL/PAGER _____

NAME _____ HOME PHONE _____ WORK PHONE _____

CELL/PAGER _____

MY CHILD IS ALLERGIC TO THE FOLLOWING: _____

SHOULD YOUR CHILD HAVE A HEADACHE OR FEVER AT SCHOOL, DO YOU AUTHORIZE THE OFFICE STAFF TO ADMINISTER:

NON-ASPIRIN PAIN RELIEVER: YES _____ NO _____ MEDICAL CONDITIONS _____

MEDICAL INSURANCE WITH: _____ POLICY # _____

DOCTOR _____ PHONE _____ DENTIST _____ PHONE _____

IT IS THE RESPONSIBILITY OF THE PARENTS TO KEEP THIS INFORMATION CURRENT DURING THE SCHOOL YEAR. IF ANY OF THIS INFORMATION CHANGES, NOTIFY THE SCHOOL OFFICE IMMEDIATELY.

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

WE, THE UNDERSIGNED PARENTS OF _____, DO HEREBY AUTHORIZE THE ADULT LEADERS OR STAFF OF ST. NICHOLAS SCHOOL TO CONSENT TO ANY MEDICAL OR SURGICAL TREATMENT NECESSARY SHOULD MY CHILD BECOME ILL OR INJURED AT SCHOOL AND WE CANNOT BE REACHED. WE AGREE THAT IN NO EVENT WILL ST. NICHOLAS SCHOOL OR ITS STAFF BE HELD LIABLE FOR ANY FIRST AID OR SURGICAL TREATMENT OR PROCEDURES PERFORMED UNDER THIS CONSENT.

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE