



Stella Maris Academy Summer Classes 2010  
REGISTRATION FORM

Please complete form and return with payment to the school office.  
Visit [www.stellamarisacademy.org](http://www.stellamarisacademy.org) for course descriptions.

Name of Child \_\_\_\_\_ Entering Grade \_\_\_\_\_

**August 9-20**

- 9:00-12:00 Get Ready for School, Entering grades Kindergarten—1 (Cost \$325) \_\_\_\_\_
- 9:00-12:00 SMA Gourmet with Señora Girmann & Señora Sanchez  
Entering grades 3-8 (all supplies & ingredients included) (Cost \$360) \_\_\_\_\_
- 1:00– 4:00 SMA Gourmet with Señora Girmann & Señora Sanchez  
Entering grades 3-8 (all supplies & ingredients included) (Cost \$360) \_\_\_\_\_
- 1:00- 4:00 Art Adventure with Mrs. McGarry, Entering grades 2-8  
(Cost \$350, \$25 to be used for materials) \_\_\_\_\_

**August 16-20**

- 9:00-12:00 Study Skills for School Success with Miss Cantillon  
Entering grades 4-8 (Cost \$225; \$150 for repeat students) \_\_\_\_\_

Total payment enclosed: \_\_\_\_\_ (make checks payable to SMA)

Parent Contact Information:

Name(s) \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Please complete registration and emergency form (back of this form), attach payment, and return to the school office.

**STELLA MARIS ACADEMY**  
**2010 SUMMER SCHOOL EMERGENCY CONTACT INFORMATION**  
**Please Print or Type the following information**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street

City

State Zip

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

IN CASE OF ACCIDENT OR EMERGENCY notify:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Father/Guardian (circle one)

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mother/Guardian (circle one)

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**If we cannot be reached, or in case of emergency at school, we wish the following person/s to be notified. We authorize each of them to act in our absence and to pick up our children during school hours; we have told them they are authorized to do so.**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please provide medical information requested below with specific instructions or notes regarding allergies or health conditions for your child.**

Family physician: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Problems/Concerns: \_\_\_\_\_

Eye Glasses: YES NO

Contact Lenses: YES NO

**IN THE EVENT OF A MEDICAL EMERGENCY I (WE) CONSENT TO THE DECISION MADE BY THE SCHOOL AND ITS AGENTS RELATING TO THE PROVISION OF MEDICAL ASSISTANCE.**

**PARENTS ARE RESPONSIBLE FOR PAYMENT FOR TREATMENT NOT COVERED BY SCHOOL INSURANCE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child