



Academy of St. Priscilla at Divine Savior

Primary Center of Excellence

Our Faith – Our Commitment – YOUR Future

Application for Summer Program Admission

Complete a separate form for each student. Please print or type. Incomplete applications will be returned.

Applying to **Summer Program for 2012**

T-shirt Size: _____

Student's Full Name _____
First Middle Last

Home address _____
Number & street City/State/Zip Phone

Gender Male Female Date of Birth ____/____/____
(Attach birth certificate)

Current School _____

Student resides with: both parents mother only father only guardian only

Father	Mother
Full Name	Full Name
Home Address (If different from child's)	Home Address (If different from child's)
City/State/Zip	City/State/Zip
Home Phone (If different from child's)	Home Phone (If different from child's)
Cell Phone	Cell Phone
Email address	Email address
Place of Employment/Occupation	Place of Employment/Occupation
Business Phone	Business Phone

Emergency Contact Information: (List the names of three relatives or friends who we may contact if we are not able to contact you)

- Name _____ Phone Number _____
- Name _____ Phone Number _____
- Name _____ Phone Number _____

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me or any of the emergency contacts, I hereby authorize the school to contact the physician listed on this form below and to follow his/her instructions. If it is impossible to reach the physician, the school may make whatever arrangements seem necessary.

Physician _____ Phone Number _____

Hospital/Office _____ Address _____

Medical Information:

Allergies _____ Medications _____