



SAINT ROSE OF LIMA CATHOLIC SCHOOL

— SIMI VALLEY, CALIFORNIA —

OFFICE: 805-526-5304 FAX: 526-0939 EMAIL: OFFICE@SRLS.ORG

Summer Enrichment Program Registration

FAMILY NAME		PRIMARY EMAIL ADDRESS	
STUDENT'S NAME #1		Grade in Fall 2021	
STUDENT'S NAME #2		Grade in Fall 2021	
STUDENT'S NAME #3		Grade in Fall 2021	
ADDRESS			
CITY		ZIP CODE	
FATHER'S NAME		EMAIL	Daytime Phone
MOTHER'S NAME		EMAIL	Daytime Phone
EMERGENCY CONTACT (in the event that parents cannot be reached)			
NAME		Daytime Phone	
NAME		Daytime Phone	
AUTHORIZED PICK-UP (other than parents; children will not be released to anyone <u>NOT</u> listed here)			
NAME #1		Relationship to Child	
NAME #2		Relationship to Child	
NAME #3		Relationship to Child	
ALLERGIES OR MEDICAL CONCERNS			



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INSURANCE INFORMATION	
COMPANY	POLICY #/Group
<i>I give St. Rose of Lima School personnel permission to authorize any necessary medical treatment for my child while they are participating in the Summer Enrichment Program during the weeks of June 21-July 9, 2021.</i>	
PARENT SIGNATURE	DATE
<i>I understand that if, for any reason, my child's behavior becomes disruptive to the Summer Enrichment Program, the Summer Enrichment Program Director may call home for him/her to be picked up.</i>	
PARENT SIGNATURE	DATE

SESSION SELECTION-Please select programs your child will be attending						
FULL PROGRAM (6/17-7/26)	STUDENT #1		STUDENT #2		STUDENT #3	
	Enrichment Program (8:00a-3:30p)	Full Day with Extended Care (8a-5:00p)	Enrichment Program (8:00a-3:30p)	Full Day with Extended Care (8a-5:00p)	Enrichment Program (8:00a-3:30p)	Full Day with Extended Care (8a-5:00p)
(1) June 21-25						
(2) June 28- July 2						
(3) July 5 - 9						
TOTAL						