

St. Ignatius Summer Program Registration Form 2026

Write down the name(s) of the child(ren) that will be attending St. Ignatius' summer program

Student last name:

Student first name:

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Student last name:

Student first name:

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Student last name:

Student first name:

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Name of school your child/children currently attends:

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School name: (attending fall 2026)

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Attendance

Our program is designed to be flexible throughout the summer with hours of 8:00 a.m. - 3:00 p.m.

Our program is a week by week program. Mark the weeks your child(ren) will attend.

Your child(ren) must attend the selected weeks or a \$50 fee will be applied as no-show.

I hereby agree to bear costs incurred as a result of a no-show.

Parent Initials \_\_\_\_\_

Weeks and dates	child(ren) name(s) attending	child(ren) grade(s)	check for part-time	check for full-time
Week 1 June 8th - June 12th.				
Week 2 June 15th - June 19th. <hr/> No school Friday, June 19th				
Week 3 June 22nd - June 26th.				
Week 4 June 29th - July 3rd. No school Friday, July 3rd.				
Week 5 July 6th - July 10th.				
Week 6 July 13th - July 17th.				
Week 7 July 20th - July 24th No school Friday, July 24th				

## EMERGENCY FORM 2026

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Family Last Name

Home Phone Number

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Primary email you wish for summer notifications: (One only)

Students last name:

Students first name:

DOB:

Grade:  
(entering  
fall 2026)

1.

2.

3.

Child(ren) home address

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Mother/guardian's name:

Phone number:

Father/guardian's name:

Phone number:

**Any health conditions or allergies we should be aware of:**

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**In case of an emergency (when parents cannot be reached) please contact:**

**Name:**

**Phone number:**

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**Name:** **Phone number:**

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**Authorization for consent of treatment of minor**

In the event of serious emergencies and none of the persons listed can be contacted, I authorize school officials to call medical support or to transfer my child to the nearest hospital for emergency care. I consent to any x- ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine. I hereby agree to bear all costs incurred as a result of the foregoing:

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**Parent/guardian's signature**

**Date:**

**I do not choose to sign the above statement. In the event of an accident of emergency, please:**

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**Medical insurance covering child(ren)**

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**Child release information**

List all adults who are authorized to pick up your child/children at the time of pick up.

I hereby give permission for my child/children to be released to the following adult/s, if at any time I am unable to pick up my child from St. Ignatius summer program.

<b>Name of adult:</b>	
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**Name of adult:**

<b>Name of adult:</b>	
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**Name of adult:**

**Mother/guardian's signature**

**Date**

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**(Must be signed and dated by mother or guardian)**

**Father/guardian's signature**

**Date**

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**(Must be signed and dated by father or guardian)**