



SUMMER PROGRAMS 2018

July 02 – July 27, 2018

Registration closes on May 15, 2018.

Student's Name _____ Male/Female | D.O.B. _____

School attending in Fall '18 _____ Grade in Fall _____

Address _____

Mother/Guardian _____ Phone: _____

Father/Guardian _____ Phone _____

Primary email address _____

Names of siblings also attending summer programs _____

List any persons other than parents who are authorized to pick up this student:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

SELECT CLASSES / ACTIVITIES STUDENT IS ENROLLING IN:

REGISTRATION FEE	For Non-Judson Families Only	\$100.00
MATH WORK-UP / WRITING STRUCTURE & STYLE / READING COMPREHENSION		\$600.00 or
Monday – Friday 8:30 - 12:15		\$200.00/week
ENGLISH LANGUAGE DEVELOPMENT		\$600.00 or
4 weeks M – F 8:30 - 12:15		\$200.00/week
AFTERNOON ELD ACTIVITIES (includes off-campus events)		\$700.00 or
4 weeks M – F 12:15 – 4:15		\$225.00/week
TOTAL PAYMENT		

A separate application form must be submitted for each student.

All programs must be paid in full before the start date of the program.

Fees are non-refundable.

Class fees will be prorated for students not attending all 4 weeks.

All required forms must be completed before the start date of the program.

Credit recovery available for high school students if prior arrangements are confirmed.

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Medical Insurance Company _____ Policy # _____

Please list an alternate contact if the parent cannot be reached:

Name _____ Phone _____ Relationship _____

Please list any **medical conditions** that may limit your child's activities and/or any **allergies** to food or drugs:

Please list the name, dosage and frequency of any medication your child will need to take at summer school:

Medication _____ Dosage _____ Frequency _____

In the event of a mild to severe reaction to a bee sting or food, I give permission for the staff at Judson International School to administer Benedryl by mouth prior to emergency treatment. Yes No

My child may be given the following:

X	Medication	Dosage	Frequency
	Tylenol		
	Motrin/Advil		
	Tums		
	Cough Drops		
	Sunscreen/insect repellent		

I, the parent/legal guardian of the above named child do hereby appoint Judson International School as agents to act on my behalf in authorizing any x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for this minor in my absence.

This document may be relied upon by any licensed physician, surgeon, dentist or appropriate hospital representative in accordance with section 6910 of the Family Code of California. I authorize any hospital which has treated the above named minor to surrender physical custody of the minor to my above named agent.

This authorization conforms to Section 1283 of the Health and Safety Code of California.

This authorization shall remain effective until revoked.

Please date and sign:

Mother/Guardian (please print) _____

Signature _____ Date _____

Father/Guardian (please print) _____

Signature _____ Date _____

RELEASE & WAIVER OF LIABILITY

1. I, _____, the parent (or legal guardian) of _____ acknowledge and agree that I understand the nature of the activities that my child will participate in at Judson International School’s summer program, and that my child is qualified, in good health and in proper physical condition to participate in these activities.
2. I give permission for my child’s art work and/or photos of my child to be used by Judson International School in their publications, advertisements or website.
3. I fully accept and assume all risks and all responsibility for losses, costs and damages incurred as a result of my child’s participation in the summer program.
4. I release , discharge, covenant not to sue, and agree to indemnify, Judson International School from all liability, claims, losses and damages on the minor’s account caused or alleged to be caused in whole or in part by Judson International School. Furthermore, I will indemnify Judson International School from any litigation expenses, attorney fees, loss liability, damage or cost if any may occur as the result of any such claim.
5. I understand that Judson International School assumes no liability for students who leave the designated areas of campus without permission and become unsupervised by Judson staff.

I HAVE READ THE ABOVE RELEASE & WAIVER AND FULLY UNDERSTAND & AGREE TO ITS TERMS.

Mother/Guardian (please print) _____

Signature _____ **Date** _____

Father/Guardian (please print) _____

Signature _____ **Date** _____

SUBMIT APPLICATION TO registrar@judsonschool.org

OR MAIL to:

**Judson International School
Attn: Registrar
1610 E Elizabeth Street. Pasadena, CA 91104**