New Horizon School-Los Angeles
434 S. Vermont Avenue, Los Angeles, CA 90020
(213) 480-3145

For Office Use Only:

Date received:_____
Amount Paid:_____
Check # Cash:_____

SUMMER PROGRAM 2010
Summer Enrollment Contract

PLEASE COMPLETE AND RETURN WITH REGISTRATION FEE BY MAY 19th, 2010.

Student's Name_____
Last First Middle

Address_____

Date of Birth ____/____/____ Telephone( )_____

Session I (June 28th - July 23rd) **Session II (July 26th - August 20th)** **Both**

Father's Name_____ Mother's Name_____

Father's Profession_____ Mother's Profession_____

Father's Email _____ Mother's Email _____

Cell Phone #_____ Cell phone # _____

Business Phone ( )_____ Business Phone ( )_____

Pick Up Authorization:

List neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name_____ Relationship _____ Cell Phone ( )_____
2. Name_____ Relationship _____ Cell Phone ( )_____

Medical Information:

1. Authorized Doctor _____ Phone( )_____
2. Please List Any Allergies_____

IN THE EVENT OF ILLNESS OR EMERGENCY, MY CHILD MAY BE RELEASED TO:

(Local Emergency Contacts):

Name:	***Relationship***	***Phone #***
1.		
2.		

**In the event of illness or accident of my child, any administrator or member of the faculty of New Horizon School in whose care my child has been entrusted, is authorized to consent to any X-ray examination, anesthetic, medical, or surgical diagnoses of said child; to transportation of said child to any hospital and to treatment and hospital care to be rendered to said child under the general or special supervision and upon the advice of a licensed physician and surgeon.*

I hereby indemnify New Horizon School and any administrator or member of the faculty or staff for any liability because of the exercise of such consent.

_____ _____
Parent/Guardian Signature Date