



ST. CATHERINE'S ACADEMY

OFFICE OF ADMISSIONS

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A Boys' Catholic School with a Military Tradition

2021 SUMMER ENRICHMENT PROGRAM APPLICATION AND CONSENT

3rd to 8th Grade Only

Dear Parents/ Legal Guardians: Please complete the front and back side of this application in its entirety. If a section does not apply to your son, please write N/A. Thank You.

APPLICATION FEE

Enclosed with this application is a non-refundable student application fee of \$50 domestic students, \$100 international students.

Paid: Check#: _____ CC: _____ - _____ - _____ - _____

Expiration Date: ____/____/____ Sec: ____ Name on card: _____

STUDENT'S INFORMATION

Grade in Sept. 2021: _____ Status: Day Program / 5-Day Boarding / 7-Day Boarding

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Place of Birth: City _____ State: _____ Country: _____

Home Address _____

City: _____ State: _____ Zip: _____ Country: _____

Home Number: _____ Primary Language Spoken at Home: _____ Social Security #: _____

Would you like for your son to attend St. Catherine's Academy for the 2021-2022 school year?

- Yes.** Please complete the admission process during summer camp **Unsure.** If I would like my son to attend SCA for fall 21/22
 No. My son will attend his present school in the fall

SCHOOL

Current School: _____ Phone Number: _____ No. of years attended: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENTS/ GUARDIANS

Student lives at the address above with:

Father Mother Stepfather Stepmother Other: _____

The applicant's parent (s) are:

Married Divorced Separated Widowed Single

Father/Guardian Name: _____ Mother/Guardian Name: _____

Mr. Mrs. Ms. Dr.

Mr. Mrs. Ms. Dr.

Check if home address is same as student's address

Check if home address is same as student's address

Home Address: _____ Home Address: _____

City _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Please complete the back of this form.

T-Shirt Size: Please Circle Size

Youth Youth Youth Youth Adult Adult Adult Adult Adult
S M L XL S M L XL XXL

RELIGION

Student religion please check one:

Catholic Christian Jewish Baptist Muslim Buddhist None Prefer not to answer Other:_____

EMERGENCY CONTACTS

Emergency Contact #1:

Full Name:_____ Relationship to Student:_____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

They are authorized to pick up: Only in case of an emergency Only afterschool Any time as needed

Emergency Contact #2:

Full Name:_____ Relationship to Student:_____

Cell Phone:_____ Home Phone:_____ Work Phone:_____

They are authorized to pick up: Only in case of an emergency Only afterschool Any time as needed

MEDIA RELEASE

During the course of the school year, St. Catherine's Academy (SCA) publishes a school brochure, periodic newsletter and other promotional materials for informational and recruitment purposes. We also are visited by various media during newsworthy events that we may host on campus. Photographs and video of school sponsored events and activities, as well as students and faculty, are usually included within the context of these publications. In order to guarantee personal privacy and ensure your agreement to participate, SCA asks that you sign and return this form to the school.

With respect to publication on School web pages, SCA agrees that:

- Where text on a page is not associated with an accompanying image (for example, list of honor roll students or scholarship award winners), first and last name of students will be used;
- SCA will promptly comply with any request by the undersigned to remove any photograph or text featuring his or her child;
- No other personal information relating to a student or minor will be published.

In signing the Media Release Agreement, you understand, acknowledge, and agree that:

- ◆ No monetary or other consideration shall be due or owing in connection with this agreement or any use authorized hereby;
- ◆ School shall be entitled to use the foregoing materials in subsequent years;
- ◆ This agreement may be terminated at any time with written notice.

I **CONSENT** to the above agreement I **DO NOT** consent to the above agreement

Parent/Guardian Name:_____ Signature:_____ Date:_____

CONSENT TO ATTEND

I/We, the undersigned parents/legal guardian of _____ a minor, do hereby give permission for our child to attend the St. Catherine's Academy (SCA) Summer Enrichment Program as indicated above. We agree to direct our child to cooperate and conform to directions and instructions of academy personnel responsible for these youth activities. We agree that in the event our child is injured as a result of his participation in the SCA Summer Enrichment Program, including transportation to and from these activities, whether or not caused by negligence (active or passive) of the school youth activities programs, or any of its agents or employees, recourse for payment of any resulting hospital, medical, dental treatment or related cost and expenses will first be handled against any accident, hospital, medical or dental insurance, or any benefit plan of mine and/or my spouse.

BY SIGNING BELOW, WE HEREBY GIVE CONSENT FOR OUR CHILD TO ATTEND:

Father/Guardian Name:_____ Signature:_____ Date:_____

Mother/Guardian Name:_____ Signature:_____ Date:_____