



## Notre Dame Urban Education Center

14 East 8<sup>th</sup> Street  
Covington, KY 41011  
859-261-4487

---

### Summer Program Information

Notre Dame Urban Education Center is now accepting registrations for our **Summer Program 2019** featuring 3 sessions: Math; Language Arts (Reading, English); Educational Activities. Breakfast and lunch will be served to our students each day listed below. The Center offers one-on-one tutoring in math, reading and English. Educational activities may include the following: arts & crafts; Spanish; Library; board games and surprises!

<b>Where?</b>	<b>Notre Dame Urban Education Center</b> 14 East 8 <sup>th</sup> Street Covington, KY 41011
<b>Who?</b>	Program is designed for students going into grades 1-9
<b>When?</b>	Monday, Tuesday, Wednesday, Thursday <b>Week I</b> June 3 <sup>rd</sup> – 6 <sup>th</sup> <b>Week II</b> June 10 <sup>th</sup> – 13 <sup>th</sup> <b>Week III</b> June 17 <sup>th</sup> – 20 <sup>th</sup> <b>Week IV</b> June 24 <sup>th</sup> – June 27 <sup>th</sup>
<b>Cost?</b>	<b>\$25</b> for 1 child <i>Payment must be made to the Center by June 13<sup>th</sup>.</i> <b>\$40</b> for 2 children <b>\$60</b> for 3 or more children
<b>Schedule?</b>	<b>8:30 a.m.</b> Breakfast <b>9:00 a.m.</b> Session I <b>10:00 a.m.</b> Session II <b>11:00 a.m.</b> Session III <b>Noon</b> Lunch <b>12:30 p.m.</b> Dismissal

IF your child/children will not be in attendance on a specific day due to illness or scheduling, you **MUST** call the Center at 859-261-4487 and leave a message for Maria Schappert, our Program Director, OR you may choose to email her at [mschappert@nduec.org](mailto:mschappert@nduec.org).

### Space is limited!

**Please complete and return the Summer Program's Registration to the Center by May 6<sup>th</sup>.**

# Notre Dame Urban Education Center



## Summer Program 2019 Registration

Please print neatly!

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's Phone Numbers Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian's email address \_\_\_\_\_

Student's School \_\_\_\_\_ Grade going into \_\_\_\_\_

.....

### Emergency Contact Information

Adult Contact Name \_\_\_\_\_ Relation to the Student \_\_\_\_\_

Adult Contact's Phone Numbers Cell \_\_\_\_\_ Work \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list all your child's allergies \_\_\_\_\_

If an emergency occurs, do we have your permission to take your child to the hospital? YES NO

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital/Clinic \_\_\_\_\_

.....

### Authorization

My child will be picked up by \_\_\_\_\_ Relationship to the Student \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

~~~ ~~~ ~~~

In the event that neither I nor the alternate contact listed above can be reached in an emergency, I authorize the attending physician to administer proper and necessary treatment for the safety of my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

~~~ ~~~ ~~~

I authorize Notre Dame Urban Education Center to use photographs or video clips of my child and/or survey my child either through interviews or questionnaires for publicity purposes or data collection.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and return this Summer Program's Registration to the Center by May 6<sup>th</sup>.**