



## Notre Dame Urban Education Center

14 East 8<sup>th</sup> Street • Covington, KY 41011

859-261-4487 • [www.nduec.org](http://www.nduec.org)

### Mission Statement

*Sponsored by the Sisters of Notre Dame, Notre Dame Urban Education Center exists to offer transformative educational programs to individuals and families, providing support, restoring hope and promoting a fully human life for all.*

## Summer Academics 2021 Registration

Notre Dame Urban Education Center recognizes the need for students to be prepared for the new school year 2021-2022 especially after missing months of instruction during the COVID-19 pandemic. Wearing facial masks and practicing social distancing is required.

<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 1</b> June 1 <sup>st</sup> - 3 <sup>rd</sup> <b>Week 2</b> June 7 <sup>th</sup> - 10 <sup>th</sup> <b>Week 3</b> June 14 <sup>th</sup> - 17 <sup>th</sup> <b>Week 4</b> June 21 <sup>st</sup> – 24 <sup>th</sup>	
<b>Program Fee</b>	\$50 for 1 child \$75 for 2 children \$100 for 3 or more children	<i>Full payment made on June 1, 2021</i>
<b>Schedule</b>	9:45 a.m. – Doors open 10:00 a.m. – Session I 11:00 a.m. – Session II 12:00 Noon – 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, Program Director, OR you may choose to email her at [mschappert@nduec.org](mailto:mschappert@nduec.org).

**Complete and return registration and fee to NDUEC ASAP!**

**Space is limited – Register NOW!**

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## Summer Academics 2021

Please print neatly.

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

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

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

Mailing Address \_\_\_\_\_

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

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

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### 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 \_\_\_\_\_

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### Parent/Guardian Authorization

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

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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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