

Notre Dame Urban Education Center



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 _____

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 _____

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 _____

Complete and return registration and fee to NDUEC ASAP!

Space is limited – Register NOW!