



## 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)

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Sponsored by the Sisters of Notre Dame, Notre Dame Urban Education Center provides transformative educational experiences to impact individual wellbeing.

### Summer Academics Registration

Notre Dame Urban Education Center recognizes the need for students to be prepared for the new school year 2022-2023 especially after missing time of instruction during the COVID-19 pandemic.

<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 6 <sup>th</sup> – 9 <sup>th</sup> <b>Week 2</b> June 13 <sup>th</sup> – 16 <sup>th</sup> <b>Week 3</b> June 20 <sup>th</sup> – 23 <sup>rd</sup> <b>Week 4</b> June 27 <sup>th</sup> – 30 <sup>th</sup>
<b>Program Fee</b>	<b>\$50</b> for 1 child <b>\$75</b> for 2 children <b>\$100</b> for 3 or more children <i>Full payment made on June 6, 2022</i>
<b>Schedule</b>	<b>9:45 a.m.</b> – Doors open <b>10:00 a.m.</b> – Session I <b>11:00 a.m.</b> – Session II <b>12:00 Noon</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, Program Director, OR you may choose to email her at [mschappert@nduec.org](mailto:mschappert@nduec.org).

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

**Space is limited – Register NOW!**

# Notre Dame Urban Education Center

## Summer Academics 2022



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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