

Notre Dame Urban Education Center

14 East 8th Street • Covington, KY 41011 859-261-4487 • www.nduec.org

Sponsored Ministry of the Sisters of Notre Dame of the USA



Notre Dame Urban Education Center provides transformative educational experiences to impact individual wellbeing.

Summer Academics 2023 Registration

Notre Dame Urban Education Center recognizes the need for students to be prepared for the new school year 2023-2024. Emphasis will be given to reading, English, math, and STEM garden activities.

Where Notre Dame Urban Education Center

14 East 8th Street Covington, KY 41011

Who Program is designed for students going into grades 1-9

When Monday, Tuesday, Wednesday, Thursday

 Week 1
 June $5^{th} - 8^{th}$

 Week 2
 June $12^{th} - 15^{th}$

 Week 3
 June $19^{th} - 22^{nd}$

 Week 4
 June $26^{th} - 29^{th}$

Program Fee \$50 for 1 child Full payment made on June 5, 2023

\$75 for 2 children

\$100 for 3 or more children

Schedule 9:00 a.m. – Breakfast

9:30 a.m. – Session I 10:30 a.m. – Session II 11:30 a.m. – Lunch 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.

Complete and return registration and fee to NDUEC ASAP!

Space is limited – Register NOW!

Notre Dame Urban Education Center

Summer Academics 2023



Please print neatly.

Student's Name	
	Grade going into
Parent/Guardian's Name	
Parent/Guardian's Phone Numbers: Cell	Work
Parent/Guardian's email address	
Emergency C	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	
	Phone_
Preferred Hospital/Clinic	
Parent/Guar	dian 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 lis attending physician to administer proper and necessa	ted above can be reached in an emergency, I authorize the ary treatment for the safety of my child.
Parent/Guardian signature	Date
~~~	~~~~
I authorize Notre Dame Urban Education Center to umy child either through interviews or questionnaires	se photographs or video clips of my child and/or survey for publicity purposes or data collection.
Parent/Guardian signature	Date

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