



Notre Dame Urban Education Center

14 East 8th Street • Covington, KY 41011

859-261-4487 • www.ndueec.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 2024 Registration

Notre Dame Urban Education Center recognizes the need for students to be prepared for the new school year 2024-2025. Emphasis will be given to reading, English, math, and STEM garden activities.

Where	Notre Dame Urban Education Center 14 East 8 th Street Covington, KY 41011
Who	Program is designed for students going into grades 1-9
When	Monday, Tuesday, Wednesday, Thursday Week 1 June 3 rd – 6 th Week 2 June 10 th – 13 th Week 3 June 17 th – 20 th Week 4 June 24 th – 27 th
Program Fee	\$50 for 1 child <i>Full payment made on June 6, 2024</i> \$80 for 2 children \$110 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@ndueec.org.

Complete and return registration and fee to NDUEC ASAP!

Space is limited – Register NOW!

Notre Dame Urban Education Center

Summer Academics 2024



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 _____

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