



# Notre Dame Urban Education Center

## Summer Academics 2025



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 \_\_\_\_\_

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

**Space is limited – Register NOW!**