



Princeton Academy of the Sacred Heart
1128 Great Road
Princeton, NJ 08540
609-921-6499

REGISTRATION FORM
CROSS COUNTRY CAMP - ENTERING 5TH - 9TH GRADE

Student Name: (Last Name) (First Name) T-shirt size

School: Home phone:

Home address:

Grade: September 2012 Age: September 2012 Preferred Email

Registration and payment deadline is May 25, 2012

PARENT NAME(S):

Mother: Home phone: Cell phone:

Employer: Work phone:

Father: Home phone: Cell phone:

Employer: Work phone:

INSURANCE INFORMATION:

Primary Health Insurance:

Name of Subscriber: I.D.#:

Medical Conditions (allergies, diabetes, etc.):

If a family member cannot be contacted, I hereby give permission for Princeton Academy of the Sacred Heart to arrange for physicians and/or hospitals to proceed with emergency medical treatment for my child, (name), in the event of accidental injury while participating in the 2012 Princeton Academy Summer Program.

Signature: (Parent/Guardian) Emergency Contact No.:

Alternate contact person: Relationship:

Alternate Contact Person Emergency Phone No.:

THIS CAMP TAKES PLACE MONDAY JUNE 25TH THROUGH FRIDAY JUNE 29TH
CAMP STARTS AT 8:30 a.m. AND ENDS AT 11:30 a.m.

CROSS COUNTRY CAMP/ 1 WEEK \$190 AMOUNT PAID \$

Program offerings are subject to minimum enrollments and fees will be refunded in the event of course cancellation.
Checks should be made out to Princeton Academy. Thank You!