



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

REGISTRATION FORM
MEDIEVAL TIMES CAMP - ENTERING 5TH – 9TH GRADE

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

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: _____ Emergency Contact No: _____
 (Parent/Guardian)

Alternate contact person: _____ Relationship: _____

Alternate Contact Person Emergency Phone No.: _____

CAMP SESSIONS:

PART 1 June 11 – June 15 12pm-3pm _____ \$240/week

PART 2 June 18 – June 22 9am-3pm _____ \$450/week

TOTAL 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!*

