



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

**REGISTRATION FORM**

**WRITERS WORKSHOP INTERMEDIATE WRITERS ENTERING 2<sup>ND</sup> – 4<sup>TH</sup> 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.: \_\_\_\_\_

**CLASS SESSIONS:**

PART 1 June 25 – June 29 1pm-4pm \_\_\_\_\_ \$240/week

PART 2 July 2 – July 6 1am-4pm \_\_\_\_\_ \$220/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!*