



Mercy
Education Resource
Center | Maximizing Potential

Dear Parent,

Thank you for your interest in our summer school. Our registration policy is based on the date that all forms along with full payment are received. This allows us to inform clients at the earliest possible date of their acceptance into our summer school. Due to our desire to offer an optimum learning environment by limiting the number of students in each class, the classes will be filled according to date paid. You will receive confirmation of either your participation in our summer school or our regrets that the class has been filled. Once a student has been enrolled in a class the fee cannot be refunded. You will then receive additional information regarding summer school during the month of May. If you have any questions please call us at 737-6026.

Sincerely yours,

Pat Friesen
Instruction Coordinator

6007 Folsom Blvd. #200
Sacramento, CA 95819
Tel: 916.737.6026
Fax: 916.737.6507



**SUMMER SCHOOL - Registration Form
(Please Print)**

Name of Program: _____

Date/Time of Program: _____

Student Name: _____

School: _____ Grade for Fall (Next Year): _____

Parent Name: _____

Address: _____
(number, street, apt. number)

(city, state, zip code)

Phone: _____ Cell Phone: _____

Payment Options

Cash Check Credit Card - Type: _____

Credit card #: _____

Exp. date: _____ Security #: _____

Name on card: _____

Amount to be charged: _____

(please remember that the fee is not refundable once the student is enrolled in the class)



SUMMER SCHOOL - Emergency Information

Name of Child _____

Address _____ City/Zip _____

Home Phone _____

Father's Name _____

Employer _____ Wk Phone _____

Mother's Name _____

Employer _____ Wk Phone _____

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name _____ Day Phone _____

or

Name _____ Day Phone _____

Physician's Name _____

Medical Coverage by _____ ID # _____

Address _____ Physician's Phone # _____

Hospital of preference _____

Please check ONE box

- 1. In the event of an emergency, when a parent or guardian is unavailable, I authorize Mercy Ed. personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
- 2. I do not choose the above statement and desire the following action in the event of an emergency: _____

Parent/Guardian's Signature

Date: