



HOLY TRINITY CATHOLIC SCHOOL

3716 BOYCE AVENUE • LOS ANGELES • CALIFORNIA • 90039
(323) 663 - 2064 • WWW.HOLYTRINITYLA.COM

Summer School / Summer Camp 2017 Registration Form

\$350 per student/camper (each program)

Please indicate which program(s) your child is enrolling in:

Summer School **Summer Camp**

STUDENT INFORMATION

Name _____ Grade Fall of 2017 _____

Address _____ City _____ Zip _____

Gender Male Female Date of Birth _____

PARENT/GUARDIAN INFORMATION

Father/Guardian

Name _____

Address _____

City _____ Zip _____

Home Phone () _____

Work Phone () _____ Ext. _____

Cell Phone () _____

Email _____

Occupation _____

Mother/Guardian

Name _____

Address _____

City _____ Zip _____

Home Phone () _____

Work Phone () _____ Ext. _____

Cell Phone () _____

Email _____

Occupation _____

Parent Permission

I hereby give permission for this student to participate in all activities, including transportation on off-campus field trips. In the event of an accident or illness of my child, I authorize any employee of Holy Trinity School to act in loco parentis, and indemnify the school and any employee from liability because of the authorization. I understand that I am responsible for picking up my child promptly after their daily program has ended. I also give permission for my child's photograph to be used in Summer Program marketing/PR materials and on the Holy Trinity School web site.

Parent/Guardian:

Name

Signature

Date