



**PANTHER SUMMER ENRICHMENT CLASSES  
AT ST. PIUS X SCHOOL  
REGISTRATION FORM SUMMER 2019  
503-644-3244  
Please Print Clearly**



**Child's Name:** \_\_\_\_\_  
   (FIRST)                              (MIDDLE INITIAL)                              (LAST)  
**Grade Level 2019-20 School Year:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Parent(s) Name(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_  
**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

List ANY and ALL persons that will be allowed to pick up your child. Staff will require proof of ID at pick-up time. **Children will ONLY be released to person(s) who are listed on this form**, unless approved by the Coordinator.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical History/Information:** \_\_\_\_\_

**Disabilities or restricted activities:** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Physician's Name and Phone #:** \_\_\_\_\_

**PARENT'S RELEASE**  
Please read the following carefully and sign in the appropriate space provided.

**Medical Release/Waiver**

I authorize St. Pius X School and its representatives to use their judgment in determining emergency care and procedures for my child. I understand and agree that St. Pius X School and/or its staff assumes no financial obligation or liability for expenses incurred in carrying out emergency procedures and/or emergency transportation.

**Child's Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Photographic Release**  
I hereby (check one) do , OR do not , consent and authorize St. Pius X School Summer Program to reproduce photographs or videos of my child for advertising and publicity purposes.



**Panther Summer Enrichment Classes** are held from 9:00 am – 12:00 pm. Class fee is \$175 per week. **Payment due in full at time of registration.** Refunds only if a class does not meet minimum requirements. **No refunds after June 1, 2019.** Classes marked with an (\*) require an additional supply fee payable to the instructor at the first class. Grade level is the incoming grade of the student for 2019-2020 school year.

**WEEK 1: July 8-12 9:00am to 12:00**

- |   |  |
|---|--|
| <input type="checkbox"/> * <u>Dinosaur Stomp – McCormack Pre K-K</u>    | <input type="checkbox"/> <u>Game Creation Fundamentals – Hodgson 4-5</u> |
| <input type="checkbox"/> * <u>STEAM Mania – Hernandez/McCormack 3-5</u> | <input type="checkbox"/>   |
| <input type="checkbox"/> <u>Ukulele 1 – Kerns 3-5</u>                   | <input type="checkbox"/>   |

**WEEK 2 July 15-19 9:00am to 12:00**

- |  |  |
|--|--|
| <input type="checkbox"/> * <u>Out of this World – McCormack Pre K-K</u>            | <input type="checkbox"/> * <u>Ceramics – Casey 1-4</u>             |
| <input type="checkbox"/> <u>Ukulele 2 – Kerns 5-8</u>                              | <input type="checkbox"/> * <u>Calling All Crafters – Semke 2-5</u> |
| <input type="checkbox"/> * <u>Pinata Making &amp; Mexican Culture – Zamora 3-5</u> | <input type="checkbox"/>   |

**WEEK 3 July 22-26 9:00am to 12:00**

- |  |  |
|--|--|
| <input type="checkbox"/> <u>Guitar – Zamora 6-8</u>                | <input type="checkbox"/> * <u>Calling All Crafters – Semke 2-5</u> |
| <input type="checkbox"/> * <u>Glee/Musical Theatre – Kerns 3-8</u> | <input type="checkbox"/>   |
| <input type="checkbox"/> <u>3D Game Creation – Hodgson 6-8</u>     | <input type="checkbox"/>   |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form and full payment to:**  
**St. Pius X School**  
**1260 NW Saltzman Rd.**  
**Portland, OR 97229**  
**Attn: School Office**

**FOR OFFICE USE ONLY**

**Paid in Full** \_\_\_\_\_  
**Amount** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_