



# SACRED HEARTS ACADEMY

## 2025 SUMMER PROGRAMS REGISTRATION FORM

Submit a separate registration for each student and type or print clearly.

Complete and return form with payment to:

**SACRED HEARTS ACADEMY LOWER SCHOOL SUMMER PROGRAMS, 3253 Waiʻalae Avenue, Honolulu, HI 96816**  
(INTERNATIONAL APPLICANTS: REFER TO REGISTRATION REQUIREMENTS AT BOTTOM\*)

### GRADES 7+8 EXTENDED SUMMER PROGRAM

**FEMALE**

STUDENT NAME: LAST FIRST MIDDLE INT. BIRTHDATE SEX

PREFERRED ADDRESS (STREET) CITY STATE ZIP HOME PHONE

**GRADE 7**

SCHOOL CURRENTLY ATTENDING (2024 TO 2025) SCHOOL ATTENDING IN FALL (2025) GRADE ENTERING IN FALL (2025)

MOTHER/GUARDIAN'S NAME: LAST FIRST CELL/DAYTIME PHONE E-MAIL

FATHER/GUARDIAN'S NAME: LAST FIRST CELL/DAYTIME PHONE E-MAIL

### COURSE REGISTRATION (EXTENDED SUMMER PROGRAM ONLY)

(Select options below that apply and calculate tuition fees in the "TOTAL" field –

**USE UPPER SCHOOL FORM to register for DAY PROGRAM COURSES)**

SECTION	SESSION	SESSION DATES	FEES	TOTAL
<input type="checkbox"/> EXTENDED SUMMER PROGRAM	SESSION I	JUNE 9 to 27	\$480	
<input type="checkbox"/> EXTENDED SUMMER PROGRAM	SESSION II	JUNE 30 to JULY 18	\$480	
<input type="checkbox"/> EXTENDED SUMMER PROGRAM	SESSION I+II	JUNE 30 to JULY 18 JUNE 30 to JULY 18	\$960	
TOTAL TUITION ENCLOSED \$				

I UNDERSTAND THAT MY CHILD'S REGISTRATION WILL BE PROCESSED ONCE PAYMENT IS RECEIVED. I CERTIFY THAT I HAVE REVIEWED THE SUMMER PROGRAMS GUIDE AND AGREE TO ACCEPT THE SCHOOL'S PROCEDURES, RULES AND REGULATIONS AS NOTED IN THE GUIDE. I FURTHER AGREE TO PHOTOGRAPHIC USE CONSENT AND INTERNET USE STATEMENTS NOTED ON THE FOLLOWING PAGES.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)

\*At this time, the ACADEMY is accepting registrations for SUMMER PROGRAMS from INTERNATIONAL STUDENTS who fulfill the additional health requirements for those currently not attending school in the United States and any other requirements from the Centers for Disease Control (CDC) related to the Corona Virus Situation for those entering the United States. Contact the ADMISSION OFFICE for requirements for International students at 808.734.5058 ext. 234 or admissions@sacredhearts.org.



### EMERGENCY CONTACT INFORMATION

*In case of emergency, mother/father or guardian(s) will be contacted first.*

*If additional emergency contacts are needed, please complete and submit information below.*

**GRADE 11**

▶ STUDENT LAST NAME STUDENT FIRST NAME GRADE ENTERING IN FALL

▶ EMERGENCY CONTACT #1:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

▶ EMERGENCY CONTACT #2:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

### FIELD TRIP AUTHORIZATION

MY CHILD (FIRST NAME AND LAST NAME), \_\_\_\_\_, HAS MY/OUR PERMISSION TO ATTEND AND PARTICIPATE IN ALL ACTIVITIES AND FIELD TRIPS SPONSORED BY SACRED HEARTS ACADEMY'S 2023 SUMMER PROGRAMS.

I UNDERSTAND THAT REASONABLE CAUTION WILL BE TAKEN TO ENSURE THE SAFETY OF MY CHILD; HOWEVER, I WILL NOT HOLD THE SCHOOL, THE TEACHERS AND THE CHAPERONES LIABLE IN CASE OF ACCIDENTS.

▶ PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)



### PHOTOGRAPHIC CONSENT

ACADEMY FACULTY AND STAFF REGULARLY PHOTOGRAPH STUDENTS ENGAGED IN ACTIVITIES IN THE CLASSROOM AND ON CAMPUS FOR USE IN PROMOTIONAL MATERIAL, INCLUDING PRINTED COLLATERAL AND ON THE SCHOOL'S WEBSITE. I GIVE PERMISSION FOR THE ACADEMY TO USE MY CHILD'S PHOTO FOR SCHOOL PURPOSES.

### INTERNET USAGE CONSENT

MY CHILD SHALL HAVE ACCESS TO THE INTERNET AND/OR AN EMAIL ACCOUNT DESIGNATED FOR EDUCATIONAL PURPOSES. I UNDERSTAND THAT IT IS IMPOSSIBLE FOR SACRED HEARTS ACADEMY TO ELIMINATE ACCESS TO ALL CONTROVERSIAL MATERIALS AND WILL NOT HOLD THE SCHOOL RESPONSIBLE FOR MATERIAL ACQUIRED OR STRANGERS MET ON THE NETWORK. FURTHER, I ACCEPT FULL RESPONSIBILITY FOR SUPERVISION IF AND WHEN MY CHILD'S COMPUTER USE IS NOT IN A SCHOOL SETTING. THIS PRIVILEGE MAY BE REVOKED BY THE COMPUTER SYSTEM ADMINISTRATOR IF USE IS ABUSED BY THE STUDENT.

STUDENT LAST NAME

STUDENT FIRST NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)

### ADDITIONAL HEALTH INFORMATION

MY CHILD (FIRST NAME AND LAST NAME), \_\_\_\_\_, HAS A MEDICAL CONDITION AND/OR ALLERGIES THAT THE SCHOOL NEEDS TO BE AWARE OF (*Check applicable option*):

☐ NO

☐ YES (*If applicable, describe the medical condition and/or the allergies and the treatment, etc. below*)

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