



Summer Therapy Services Experience

Cor Jesu Academy

JUNE 1-5, 2026

Registration Form

Contact Information

Name:	Graduation Year:
Street:	City, State, Zip:
Preferred Parent Email:	Preferred Parent Cell Phone:

Explanation

Below, please explain why you are interested in participating in STE and what you hope to gain during the week. You may attach an additional piece of paper, if necessary.

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Deadline

This form must be completed and submitted *with signed permission slip* (available at www.corjesu.org/CPI) to the Cor Jesu CCW Office by: **Feb 20, 2026**

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Student Name (printed)	
Student Signature	
Parent Name (printed)	
Parent Signature	
Date	

Note: Maximum capacity is 10 students. Registrations from qualified applicants must include a signed permission slip and will be accepted on a first-come, first served basis.