

For Office Use Only:

Early:2/5-3/22

Regular:3/23



For Office Use Only:

Date Rec'd _____

Depo Paid _____

e-mailed _____

Bal Paid _____

Session: _____

SOTO ACADEMY

1708 Nuuanu Avenue, Honolulu, Hawaii 96817 Telephone: (808) 533-0452

Summer School 2018 Registration

Please attach the appropriate payment (Deposit/Full payment) to your application.

Please PRINT or TYPE

Child's Name	Last	First	Middle Initial	Birth Date
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Grade for School Year 2017-18:	School you Attended:
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Grade for School Year 2018-19	School you will be Attending
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Street	City	ZIP Code
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Mailing Address

Home Phone	E-mail (Email will be used for school communication purposes.)
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PARENT/GUARDIAN INFORMATION

Father's Name	Business Phone
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Employer	Cell Phone
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Mother's Name	Business Phone
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Employer	Cell Phone
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MEDICAL INFORMATION

Child's Doctor	Address	Phone
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Medical Insurance	Insurance Policy#	Hospital
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Indicate any pertinent information which will help us better care for your child. Please list any allergies, special medications, physical handicaps, etc. that your child might have.

Summer School Program Check One Box

Attending Session I only		Attending Both I & II	
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We understand that in an emergency if we cannot be contacted, school personnel are authorized and have our permission to call an ambulance to take your child to the nearest available hospital for treatment. The school is not liable for medical expenses incurred in the transport or treatment of the student.

The undersigned parents/guardians of the student named above agree to payment terms and all authorizations and permission granted in the Summer School information sheet and application form.

Mother's Signature _____ date _____

Father's Signature _____ date _____

Photo Waiver Release Form

Dear Parents,

During the summer we have various times when your child might have the opportunity to be presented to the general public as a member of our school. Their picture might be taken for a news article, t.v. interview or a school advertisement.

If the opportunity presents itself, we would like to ask your permission to use your child's image for these purposes. Please complete the section below and return it to your child's teacher.

As of _____, I hereby consent to the following:
Date

_____ No, please do not use my child's image for any of the mentioned purpose.

_____ Yes, you may use my child's:

_____ Picture Only

_____ Picture and Name

No other information will be given regarding your child without your written permission.

For the following purpose of
_____ TV _____ Advertisement _____ written publication

I would like to be called personally for approval only when:

_____.

Child's Name: _____ Grade: _____

Parent Name: _____

Parent Signature: _____ Date: _____