



# St. Francis Xavier Magis Summer Program

June 7 – 25, 2010

Please check your choice for the blocks that you would like to attend.

BLOCK ONE (8:00AM – 8:50AM)		BLOCK TWO (9:00AM – 9:50AM)	
Imaginarium**	and	Imaginarium**	
Primary Power Up (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )*	and	Primary Power Up (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )*	
Spanish Immersion***	and	Spanish Immersion***	
The Literature Works!***	and	The Literature Works!***	
Robotics (4 <sup>th</sup> /5 <sup>th</sup> )***	and	Robotics (4 <sup>th</sup> /5 <sup>th</sup> )***	
or		or	
The Apprentice		The Apprentice	
Cooking up a Storm		Learning to Lead	
Learning to Lead		Mad Skills!	
Mad Skills		Mixed Media	
Mixed Media		Peacemakers	
Peacemakers		Self Expression	
Play Math! (incoming 4 <sup>th</sup> )		Science Sleuths	
Science Sleuths		Soccer Camp!	
Self Expression		So You Think You Can Dance...Sing...Act!	
So You Think You Can Dance...Sing...Act!		Super Scrapbookers	
Soccer Camp!		Win/Win Math Games (incoming 6 <sup>th</sup> )	
		Writing Wizards	
BLOCK THREE (10:00AM – 10:50AM)		BLOCK FOUR (11:00AM – 11:50AM)	
Imaginarium**	and	Imaginarium**	
Primary Power Up (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )*	and	Primary Power Up (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )*	
Spanish Immersion***	and	Spanish Immersion***	
The Literature Works!***	and	The Literature Works!***	
Robotics (6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> )***	and	Robotics (6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> )***	
or		or	
The Art of Bookmaking		Globetrotters	
Globetrotters		Got Grammar?	
Got Grammar?		Learning to Lead	
Learning to Lead		Self Expression	
Science Sleuths		So You Think You Can Dance...Sing...Act!	
Self Expression		A to Z Readers	
So You Think You Can Dance...Sing...Act!		Super Scrapbookers	
A to Z Readers		Tell Me a Story	
Tell Me a Story			
X Games (incoming 5 <sup>th</sup> Math)			
BLOCK FIVE (12:30PM – 1:20PM)		BLOCK SIX (1:30PM – 2:20PM)	
Kids in Print		Kids in Print	
Learning to Lead		Learning to Lead	
Papier Mache Sculpture		Printmaking	
Printmaking		Self-Expression	
Self-Expression		So You Think You Can Dance...Sing...Act!	
Sizzling Spanish – Let's Dance, Sing, and Learn Spanish!		Sizzling Spanish – Let's Sing, Dance, and Learn Spanish!	
So You Think You Can Dance...Sing...Act!		A to Z Readers	
A to Z Readers		Under the Sea	
Super Scrapbookers		Water Games	
Under the Sea			
Water Games			

\***Primary Power Up** must select Block One through Block Four (Four Blocks Total)

\*\*If you are selecting **Imaginarium** please note that you **MUST** select Blocks One, Two, Three and Four

\*\*\*If you are selecting **Robotics, Spanish Immersion, or The Literature Works**, please note that you **MUST** select two blocks at a time. (i.e. Block One and Block Two or Block Three and Block Four)

Number of Blocks Selected:	_____
Multiplied by \$150.00:	_____
<b>Total Amount Due:</b> _____	
<b>Example:</b>	
Number of Blocks Selected:	3
Multiplied by \$150.00:	\$450.00
<b>Total Amount Due:</b> \$450.00	

In the event that a course is cancelled you will be contacted regarding an alternate choice.



**Please complete this entire form. Fill out one for each child you are registering  
(Please Print Legibly or Type ALL Information including Parent's e-mail address)**

Student's Name: \_\_\_\_\_ m\_ f\_ Student's Birth Date: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

School **Currently** Attending: \_\_\_\_\_ School attending in **Fall of 2010**: \_\_\_\_\_ Grade as of Fall 2010 \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-mail Address of Parent/Guardian:** \_\_\_\_\_

**Dad's** Business Ph:( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_ **Mom's** Business Ph:( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT**

1) Name: \_\_\_\_\_ #: \_\_\_\_\_ 2) Name: \_\_\_\_\_ #: \_\_\_\_\_  
MY SON/DAUGHTER MAY BE RELEASED TO THE FOLLOWING ADULTS AND/OR CARPOOL IN THE CASE OF AN EMERGENCY:

1) Name: \_\_\_\_\_ #: \_\_\_\_\_ 2) Name: \_\_\_\_\_ #: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate any significant health issues which may result in a classroom emergency, e.g., epilepsy, fainting, diabetes, asthma, convulsions, bee stings, allergic conditions, etc. \_\_\_\_\_

\_\_\_\_\_

Is the student subject to any condition that should be communicated to emergency personnel? If yes, please explain.  
\_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR**

(I), (We) the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize an administrator of St. Francis Xavier School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective through June 25, 2010.

\_\_\_\_\_

Dated \_\_\_\_\_ **Parent/Legal Guardian**

**BEHAVIOR CONSENT:**

I understand that as a participant in the Summer Program, I agree to abide by the following rules:

1. Respect yourself and others.
2. Contribute to the learning environment.
3. Follow the school and classroom procedures.

I understand that if I refuse to follow these rules, I may be asked to leave the Summer Program without receiving a refund.

**SIGNATURE OF STUDENT:** \_\_\_\_\_ **INITIAL OF PARENT:** \_\_\_\_\_

**Students cannot be OFFICIALLY enrolled until all fees are paid in full.** Please make checks payable to **St. Francis Xavier** and indicate the student's name in the memo line  
**Please send this registration form and tuition to:**  
**Summer school, St. Francis Xavier School, 4715 N. Central Ave., Phoenix, AZ 85012**

Office Use Only

Cash: \$ \_\_\_\_\_

Check: \$ \_\_\_\_\_ # \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_