Fontbonne Hall Academy
9901 Shore Road
Brooklyn, NY 11209
718-748-2244

Steam Summer Program
Registration Form 2024

Student's Name: _____

Address: _____
Street *Apt. #*

_____ _____ _____
City *State* *Zip Code*

Date of Birth: _____ Current School: _____

Home Phone: (_____)_____ Emergency Telephone: (____)_____

Emergency Contact:_____ Relationship to Student: _____

Parent's Name: _____ Parent's Name: _____

Name of Business: _____ Name of Business: _____

Work Telephone: (____)_____ Work Telephone: (____)_____

Cell Phone: (____)_____ Cell Phone: (____)_____

Parent/Guardian E-Mail: _____

With whom does the student live? ( ) Father ( ) Mother ( ) Both ( ) Guardian ( ) Other

If the student does not live with her parents, please complete the following:

Guardian's Name: _____ Relationship to Student: _____

Business Telephone: _____ Cell Phone: _____

By signing this, I give my child permission to take part in all summer program activities, including, but not limited to, sporting activities, supervised laboratory work, chaperoned trips away from the school premises, and chaperoned use of NYC public transportation. I authorize ***Fontbonne Hall Academy*** *summer program staff to administer first aid and/or to take my child to a physician or hospital in the event that it appears necessary and if neither parent (guardian) can be contacted. I accept the responsibility to disclose all possible health concerns and conditions, and to provide medical/dental insurance information to cover my child for any injury that takes place during any program activity. I will not hold* ***Fontbonne Hall Academy*** *responsible for medical/dental fees, should my child incur an injury at the summer program or during summer program activities. I understand the* ***Fontbonne Hall Academy*** *mission statement, and recognize the school's right to dismiss any student who does not respect its standards or cooperate in the educational process.*

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE: Date Received: _____ Amount: _____ Check #: _____

FHA STEAM

SUMMER PROGRAM

FEE AGREEMENT

Student's Name: _____

Two one-week sessions of the Fontbonne Hall Academy STEAM Summer Program "Brilliant Bonnies" will take place. Please indicate which session(s) your daughter plans to attend:

( ) **Session One:** Monday, August 5th to Friday August 9th from 10:00 AM to 3:00 PM daily

( ) **Session Two:** Monday, August 12th to Thursday, August 16th from 10:00 AM to 3:00 PM daily

The program cost is as follows:

$600 for one week, $1,100 for both weeks

The program fee includes the price of admission to special programs, travel, snacks, and supplies.

We ask that students bring their own lunch. Please include the *total fee* as a check payable to "Fontbonne Hall Academy" with this registration form to reserve your daughter's spot. In the event that a student withdraws before or on July 15, 2024, a refund of $500 will be issued. *Absolutely no refunds will be issued on or after July 30, 2024.*

• Attendance privileges will be suspended for all students whose fees are not paid by the session start

• Bounced checks: A $50 fee will be assessed for any returned checks. After two returned checks, a cashier's check or money order will be required for any and all payments. In addition, the parent/guardian agrees to pay Fontbonne Hall Academy all collection agency and attorney fees incurred in bringing accounts current. Act of default accelerates payments to be due immediately, as credit is no longer extended.

Parent/Guardian Signature: _____Date: _____

Summer Program Medical Form

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Contact, if parent is unavailable: _____ Phone: _____

Physician: _____ Phone: _____

Physician's Address: _____

Significant past illnesses, injuries, operations (description and dates)**:** _____

_____

Allergies: _____ **Convulsions:** _____

Special Medications: _____

Contagious Diseases: ( ) Measles, __/__ ( ) Mumps, __/__ ( ) Whooping Cough, __/__ ( ) Chicken Pox __/__

( ) German measles, __/__ ( ) Scarlet Fever, __/__ ( ) Other

Physical Examination (mark Φ if normal, X if abnormal and explain below or on back)

	(DATE)	(DATE)	DATE		TESTS	DATE	DATE	DATE
Height					Type TBC			
Weight					Urine			
Blood Pressure, pulse					HGB			
Vision, right					Other			
Vision, left					Menarche at age: _____			
Hearing, right					Dysmenorrhea Severe: yes_____ no_____			
Hearing, left								
ENT								
Teeth					**Comments and recommendations from physician: (Please date)**			
Heart								
Lungs								
Breasts								
Abdomen								
Genitalia								
Musculo-Skeletal								
Posture and Feet								
Skin								
Speech								
Behavior								
Emotional Status								

_____

Physician's Signature *Date of exam* *Medical Society of the County of New York*

ACTIVITY: ( ) FULL ( ) LIMITED (If limited, please explain on back)

Media Consent Form

Student's Name: _____

MEDIA AUTHORIZATION AND RELEASE

I, _____, hereby consent to the taking of photographs, movies, videos, and images (the "images") capable of reproduction in any medium of me or my children, _____, or of children for whom I am the designated guardian, by Fontbonne Hall Academy and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, contractors, and sponsors (the "School").

I hereby grant the School the right to edit, reproduce, use and reuse images for any and all purposes, including, but not limited to, advertising, promotion, and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence, including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to the School any right, title, and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my child/children by the school. I hereby agree to release, indemnify, and hold harmless the School from any and all claims, demands, actions or causes of actions, loss, liability, damage, or cost arising from this authorization.

_____ _____

Parent/Guardian Name (please print) *Name of child/children*

_____ _____

Date signed

Parent/Guardian Signature

_____

( ) Consent *given*

( ) Consent ***not*** *given*