

HOW TO REGISTER

- Fill out the student, parent, and medical information completely for each participant.
- Additional registration forms may be downloaded from the summer school section of our website at www.cbhs-sacramento.org.
- Make program and course selections by checking all boxes which apply; for high school prep and high school courses, specify individual classes (please avoid double scheduling by checking dates and times carefully).
- For sports camps, specifically indicate the name and cost of each camp selected.
- For all academic classes, please submit or mail your full registration fee.
- For all art and sports camps, please submit or mail your registration with the full payment of the camp(s) you have selected to Christian Brothers. Payment must be received no later than the start of the camp, but earlier registrations will reserve a place.

PLEASE MAIL YOUR REGISTRATION TO:
 Christian Brothers High School
 Summer School Registration
 4315 Martin Luther King, Jr. Blvd.
 Sacramento, CA 95820-2727

QUESTIONS? Call Janis Hoffart (916) 733-3625, visit our website at www.cbhs-sacramento.org, or e-mail jhoffart@cbhs-sacramento.org

Summer Classes Selection

HIGH SCHOOL 10-CREDIT CLASS

10-credit class \$600

Specify Course _____

HIGH SCHOOL 5 CREDIT CLASSES

One class \$450 Two classes \$600

Specify Course _____

Specify Course _____

OR 6-week remedial class(es)

6-week remedial, Set A

6-week remedial, Set B

HIGH SCHOOL PREP *Select 3 classes* \$600

Class 1 _____

Class 2 _____

Class 3 _____

HIGH SCHOOL PREP - Conditional Acceptance

One Class \$450 Two Classes \$600

Class 1 _____

Class 2 _____

JUMP START! \$450

SPORTS CAMPS *Indicate camp(s) requested*

Camp 1 _____ cost (\$)

Camp 2 _____ cost (\$)

Camp 3 _____ cost (\$)

CHORAL \$175

CHRISTIAN BROTHERS 2010 SUMMER PROGRAMS REGISTRATION FORM

Student Information _____ Date _____

Last name _____ First name _____

Birth date _____ Sex _____ Grade entering in fall _____

Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Email _____ Home phone _____

Father work phone _____ Mother work phone _____

Father cell phone _____ Mother cell phone _____

School Information _____

Indicate the name and address of the school if notification of completion of course(s) is to be sent (other than Christian Brothers)

School name _____

Address _____

City _____ State _____ Zip _____

Medical Information _____

Family physician/Health plan _____

Phone number _____

Policy or medical number _____

Address _____

City _____ State _____ Zip _____

I authorize the School Principal or his representative to obtain necessary medical attention for my child(ren) in the event I cannot be contacted.

Parent Signature