

**ST. ALOYSIUS  
 HAPPY HOUSE LEARNING CENTER**  
 PO BOX 98, HOPEWELL JCT., NY 12533  
 845-226-1917 or 845-490-4745

**June 24<sup>th</sup> - July 19<sup>th</sup>, 2024**

**Application for Summer School**

Child's Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Town State Zip

Telephone \_\_\_\_\_ Language used at home \_\_\_\_\_

Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ Date of baptism \_\_\_\_\_

Name and Address of Church \_\_\_\_\_

Father's name \_\_\_\_\_ Birthplace of father \_\_\_\_\_

Religion \_\_\_\_\_ Father's place of work \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Birthplace of mother \_\_\_\_\_

Religion \_\_\_\_\_ Mother's place of work \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_ Cell phone# \_\_\_\_\_

Email \_\_\_\_\_

Name and Address of last school attended (if any) \_\_\_\_\_

**EMERGENCY NAMES AND TELEPHONE NUMBERS**

(In the event a parent cannot be reached)

1. \_\_\_\_\_

2. \_\_\_\_\_

**I'm interested in the following program: (Please mark the grade your child will be entering in September.)**

**Pre-K\_\_\_\_\_ Kindergarten \_\_\_\_\_ First grade\_\_\_\_\_**

**Tuition from 9:00 a.m. to 1:00 p.m.: \$125.00 per week.**

There will be an additional charge of \$50.00 to cover books, copies, and other materials.



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Hopewell Junction, NY 12533**

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Name of the Child

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Name of Parent or Guardian

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children of whom I am the designated guardian.

I hereby grant to St. Aloysius Happy House Learning Center 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 reuse of said images in any and all media including, but not limited to, video, print, and internet.

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

I have read and understood the above:

Signature of Parent or Guardian

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Print Name: \_\_\_\_\_

Date: \_\_\_\_\_