

**SUMMER PHYSICAL EDUCATION PROGRAM  
REGISTRATION / PAYMENT FORM  
SUMMER 2009**

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**FEE: \$100 PER STUDENT ( NON-REFUNDABLE)  
Make checks payable to Fisher Catholic High School**

Parent / Guardian Signature: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Print)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Print)

Summer PE 2009 - .25 Credit  
Total Hours – 7.5 per day = 60 hours = .25 credits

Dates – (Week 1) June 8, 9, 10, 12 (Week 2 ) June 15, 16, 17, 18

\*Student may miss one day. More than one absent and student will not pass Summer PE.

Schedule:  
7:25 – Homeroom  
7:30 – Morning Session  
11:30 – Lunch  
12:00 – Afternoon Session  
3:30 – Dismissal

Office use: Payment Received _____
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