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SPEND A DAY WITH A GREEN BEE SHADOW PROGRAM

EMERGENCY CONTACT INFORMATION

We ask that a parent or guardian accompany their daughter into Benedictine Academy to meet the Admissions Director and hand in this form.

Prospective Student's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Student's Cell _____

Student's Email _____

Where can parents or guardians be reached between the hours of 8:00AM – 3:00PM?

Mother/Guardian Name _____ Cell Phone _____

Father/Guardian Name _____ Cell Phone _____

I give consent for my daughter, to attend classes at Benedictine Academy as part of the Spend the Day with A Green Bee Program. Students must provide their own transportation to Benedictine Academy. I agree to bring her to BA by 8:00 am and pick her up by 3:00 pm on the given day. My daughter will behave in a manner consistent with Benedictine Academy policies and regulations. My daughter will dress in an appropriately modest manner. I understand and agree that in the event that my child is injured during this event, I will not seek to pursue any claims against the school and/or any of its employees unless the injury is caused solely by the intentional or grossly negligent conduct of the school.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent _____ Date _____

Allergies _____

Other conditions _____

Physician's Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____