

2025 Hebron Summer Academy Registration

Hebron Presbyterian Church 511 Schoenbeck Rd. Prospect Hts., IL 60070

Student information **Grade in Sep, 2025**

Name	Korean						DOB				
	English						Age				
Grade in Sep, 2025 (Please circle)	Pre-K	Kinder	1st	2nd	3rd	4th	5th	6th	7th	8th	
Cellphone # (If a student has one)						Gender	M		F		
Sibling 1 Korean/English							Grade				
Sibling 2 Korean/English							Grade				

- Sibling info: Only when you have other children registered. (함께 등록하는 자녀가 있을 경우에만 써주세요.)

Parent/Guardian information

Primary Contact	Name		Phone #	
	Relationship		E-mail	
2nd Contact	Name		Phone #	
	Relationship		E-mail	

- Please write your email address accurately. (이메일 주소를 정확하게 써주세요.)

Medical information

Does the student have any allergies? YES NO

• What kind? _____

• Does it require medication to control? _____

Does the student require daily medication? YES NO

• If yes, how will your student take it while at HSA? _____

* See the reverse side for more information and signature.

** Registration via mail or phone will not be accepted. A hard copy of this registration form must be brought.

Permissions

The Hebron Summer Academy will take all necessary precautions and safety measures to ensure your child's safety while in school. However, the school will not assume any liability for incidents occurring during your child's participation in the summer school program.

The Hebron Summer Academy has some physical activities planned this summer. By signing this form, you agree to the following:

1. Your child will be allowed to attend any and all field trips and/or physical activities with the rest of his/her class.
2. One of the teachers, TAs, or volunteers will be allowed to drive your child to any and all field trips.
3. Your child does not have any medical condition that will put him/her and/or the other students in danger.
4. Your child will be responsible for all his/her belongings. Hebron Presbyterian Church will not be held responsible for any missing, lost, or broken items.
5. If your children have any symptoms like fever, cough etc., they are recommended to stay home.
6. I have read this condition, and I waive my rights to take legal action against this school and/or its staff.

Registration Fees **The full amount must be paid on the registration day.**

1st Child	2nd Child	3rd Child
\$ 570	\$ 550	\$ 530

Cancelation Policy

By 4/30	After 4/30
Full refund	No refund

By signing this form, I agree to all the conditions set forth by the Hebron Summer Academy.

Signature: _____

Date: _____

**Contact Information- HSA director. Jeanie Jung 847-312-0844 (hebronsummer@gmail.com)
Yoonsook Jeong 847-637-7115 (yoonsookjeong@gmail.com)**