

Early Start - Summer

Memorial Lutheran School
Summer 2010 - Tuesday, June 1 to Wednesday, August 11

Please fill out both front and back and sign in the appropriate spaces.

Child's Full Name: _____

Child's Date of Birth: Month ___ Day ___ Year ___ Child's current class: (please check) ES 1 ___ ES 2 ___ ES 3 ___

Address: _____ Zip: _____ Phone: _____

Father's Name: _____ Employer: _____

Email _____ Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____

Email _____ Phone: _____ Cell Phone: _____

Parents Divorced: Yes () No () Child Lives With: Mother ___ Father ___ Both Parents ___ Other _____

Church Affiliation: _____

Hours my child will be here:
Drop-off time _____ AM
Pick-up time _____ PM

My child will attend the weeks of: June 1 ___ 7 ___ 14 ___ 21 ___ 28 ___ July 5 ___ 12 ___ 19 ___ 26 ___
August 2 ___ 9 ___ (3 days only the final week of summer - school begins Aug. 16)

Language(s) spoken at home: _____

Allergies: _____

Medications prescribed for long-term continuous use, and any other information that staff should be aware of: _____

Water Activities: I also hereby give my consent for my child to participate in the following water activities:

[] Splash/Wade Pools at MLS (for Kindergarten and younger)

Parent/Guardian Signature

Other medical conditions that we should know about (please explain): _____

In case parents cannot be reached, please give alternate names and phone numbers for emergency use:

Name _____ Phone _____

Name _____ Phone _____

Physician: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

My child may be released to the following persons only: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, by signing below I give my permission to the Headmaster, Summer Camp Director, or person in charge to take my child to the Emergency Room of the hospital.

Parent/Guardian Signature

By signing below I agree that our family will conform to the regulations of the school and meet the behavior standards to remain enrolled. In the event of absence, withdrawal or dismissal of the student, all accounts become due immediately.

The undersigned parties are responsible for payment and attest that all information on this form is true and correct.

Please sign and return this form to the Memorial Lutheran School office.

Parent/Guardian Signature

_____/_____/_____
Date

Memorial Lutheran School Summer Program is a Christian summer program designed to enrich each child's education with activities that allow the child to search and discover new skills and talents. Fun and fellowship with other students of the same age are related goals of this program. Memorial Lutheran School Summer Camp admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.