

Applying for: Pre School 3\_\_\_\_ PreK\_\_\_\_ Registration Fee - \$50.00

Date received \_\_\_\_\_

## Memorial Lutheran School Summer Program Summer 2009 Camps – Monday, June 8 to Wednesday, August 12

*Both pages of this form must be filled out in full and signed in the appropriate places for your child to be registered for summer! (Please include updated immunization records.) If you are new to our school, you must also provide a copy of your child's birth certificate.*

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_ Age: \_\_\_\_ yrs. old

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: \_\_\_\_\_

Camp activities begin each day at 8 am in the Gym and end at 4 pm - I will need extended hours: Drop-off time \_\_\_\_\_ AM  
Pick-up time \_\_\_\_\_ PM

My Child will attend weeks of: June 8 \_\_\_\_ 15 \_\_\_\_ 22 \_\_\_\_ 29 \_\_\_\_ July 6 \_\_\_\_ 13 \_\_\_\_ 20 \_\_\_\_ 27 \_\_\_\_  
August 3 \_\_\_\_ 10 \_\_\_\_ (3 days only the final week)

**\*\* Cost is \$150 per week for each week your child is enrolled, with the exception of August 12<sup>th</sup> week – that cost is \$90 for the week. Payment must be made in advance at the beginning of each month that your child is enrolled.**

Language(s) Spoken In Home: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

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

Water Play       Splash Pools on campus

\_\_\_\_\_  
Signature of parent

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. I agree that Memorial Lutheran School's summer camp has the right to insist on the immediate withdrawal of any student whose presence in the school is considered detrimental to the student or the school, or for non-payment of summer fees. In the event of absence, withdrawal or dismissal of the student, all accounts become due immediately.

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

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

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

\_\_\_\_\_  
Date

**Memorial Lutheran School Summer Camp 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 Program 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.**