



**Holy Trinity Lutheran School  
2017 SUMMER CAMP REGISTRATION**

OFFICE USE ONLY \$25.00 Reg. Fee

Date Rec'd. \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Immunizations on file \_\_\_\_\_

Grade Entering: \_\_\_\_\_

**Enrollment Information:** There are a limited number of spaces in each age group daily so we need specific attendance information for each registrant. Please indicate below what weeks, days and times you will need your child to attend.

**\*There is a minimum rate of 2 days per week for the weeks you enroll.**

Please Check Weeks Needed	Please Circle the Days of each week you will need	Please indicate half or full day	
		7:30-Noon	7:30-5:30
1. <input type="checkbox"/> June 5-9	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> June 12-16	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> June 19-23	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> June 26-30	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/> July 3-7 (closed July 4)	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/> July 10-14	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/> July 17-21	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/> July 24-28	M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>

**Child's Information:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Home Address \_\_\_\_\_  
Street city state zip

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 16/17 \_\_\_\_\_ School Attended 2016/17: \_\_\_\_\_

**Parent or Legal Guardian Contact & Employment Information:**

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_  
Street city state zip

Employer \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_  
Street city state zip

Employer \_\_\_\_\_ Work #: \_\_\_\_\_

Email(s) Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Parents are: Circle One: Married Separated Divorced Single Widow(er)

**Guardian with Legal Custody: *NOTE:*** If you have legal custody of this child, a copy of the Court Order must be filed in the child's school records to protect the school when refusing to release the child to a parent. Per Court Order on file, the following is/are **not** authorized to pick up this child:

(over)

**\*\* REGISTRATION CONTRACT \*\***

I hereby make application for the attendance of my child in the summer camp program of HTLS. I understand that the Registration Fee is to accompany this application and is not refundable. I realize that upon registration of my child, I am obligated to pay fees from the date of admission, on a weekly basis, until I no longer need this service. I understand it is my responsibility to give the school written notification for requests to change billing status, or to withdraw my child from the childcare program.

**Payment is due weekly. Children will not be able to attend until payment has been received.** I understand that Holy Trinity Lutheran School will assess a \$35.00 service charge on all returned checks. Accounts turned over for collection will be assessed legal fees and interest per state law. There will be no pro-rating of full time childcare due to sickness, holidays, vacations, absences or withdrawals.

**Please print name of adult responsible for account:** \_\_\_\_\_  
Initial each item below and sign the bottom.

\_\_\_\_\_ Childcare ends at 5:30 p.m. If a child is picked up beyond 5:30 p.m. from childcare, the student's account will be charged a \$1.00 per five (5) minutes, per child, late fee. Please notify the director, Kali Rigsby at 270-792-6785 if an unforeseen circumstance has occurred and you will be late.

\_\_\_\_\_ All students new to the HTLS Program MUST have a current immunization form on file **prior** to the first day of attendance.

\_\_\_\_\_ **LUNCH/SNACK POLICY:** All students in attendance during scheduled snack times will receive a snack provided by HTLS. Lunch is served at noon and is included in the full day rate only. **All Preschool aged students eating lunch at HTLS must eat a school provided lunch. K-3 students may bring lunch from home, however, discounts will not be given to students who bring lunch from home.**

\_\_\_\_\_ **FIELD TRIP CONSENT: Field trips are for K-3rd grade only.** We require that you give your consent for your child to accompany his/her childcare group on all field trips during the summer that are taken when he/she is present. Reminders for any trip will be sent home the prior week along with any needed **fees** for the trip, clothing, supplies etc. or other requests. We reserve the right to limit and withdraw field trip privileges if a child is having behavior or discipline problems.

\_\_\_\_\_ **STUDENT INTERNET INCLUSION:** In an effort to promote HTLS, it's students and programs, student & class photos, candid shots, and the like, may appear on the school's official website, the individual teacher's web page link, and/or school-childcare brochures, post cards, etc. This will be done with the review of the School Director.

\_\_\_\_\_ **COMPUTER USE:** Students in K-3 will be using the computer lab during Summer Camp. These computers are accessible to the internet. School controls are in place for appropriate websites usage.

\_\_\_\_\_ **DISCIPLINARY POLICY:** HTLS Summer Camp strives to provide a safe and enjoyable environment for each student. Children who choose unacceptable behavior will be dismissed from the program. Children who endanger their own safety or the safety of others will be dismissed and not allowed to return.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

## **SUMMER EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

HTLS agrees to notify the parent or guardian in the event of illness or emergency, and the parent or guardian agrees to pick up this child as soon as it is feasible. The parent/guardian authorizes HTLS to obtain immediate medical care if an emergency occurs and he/she cannot be contacted immediately.

Signature: \_\_\_\_\_

In case of illness or injury and we cannot reach you, the following will assume responsibility:

Name: \_\_\_\_\_ relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

In my absence, I hereby request and authorize HTLS to contact Dr. \_\_\_\_\_ at \_\_\_\_\_, or to have the emergency room doctors examine and treat my child for such emergency medical needs that may arise.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### **Medical information:**

Does your child have allergies or pre-existing medical conditions? If so, please explain?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any unusual habits, fears or attachments? If so, please explain?

\_\_\_\_\_  
\_\_\_\_\_

This consent for examination and treatment is effective for the period from June 5-July 28, 2017.

Signature \_\_\_\_\_

Parent or Legal Guardian

The following persons are authorized to pick up my child:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

**My child may NOT be picked up by the following \_\_\_\_\_**

(Please provide us with vehicle info and a photo of any person included here)