

2018 SUMMER DAY CAMP ENROLLMENT FORM

Child's Name _____ Female/Male ___ Birthdate _____ Grade Entering _____
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Camp fee payment (Must be paid in advance; extended time fees due the beginning of following week): ___ Monthly ___ Weekly

Child lives with: ___ both parents ___ Father ___ Mother ___ Other (please list) _____
 Address _____ City _____ Zip _____
 Home phone/Primary cell phone _____

Name of school attending in the Fall: _____ OSLS ___ Other: _____

Please check if you are interested in further information about:

_____ School Registration for the Fall 2018
 _____ Church membership at Our Savior

ALL students must have enrollment fee paid in full to complete registration.

NEW students must submit- Immunization Record

APPLICANT EDUCATIONAL INFORMATION

Do you have concerns for your child(ren) in any of the following areas? (Please write *student's initials* for all that apply)

___ behavior ___ work habits ___ socialization ___ self-esteem
 ___ reading ___ written expression ___ oral expression ___ math

Has your child(ren) ever received any therapy of the following? (Please write *student's initials* for all that apply)

___ Occupational ___ Physical ___ Speech ___ Language ___ Play

Please describe: _____

Please print:

Father/Stepfather's name _____

Address (if different from above) _____ Cell Phone _____

Mother/Stepmother's name _____

Address (if different from above) _____ Cell Phone _____

Circle all days you will plan to have your child(ren) at Summer Day Camp (changes to the schedule allowed up to one week prior to change).

May 2018						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2018						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2018						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Plan to use Extended Care: (Can adjust as needed, but please notify staff of changes as soon as possible)

- Regularly: ___ Mornings ___:___ - 8:00 ___ Afternoons 3:00 - ___:___
 Often/but not regularly: ___ Mornings ___ Afternoons
 Occasionally
 No plans to use it

Physician Information:

Name	Address	Phone Number
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Please check any health issues which you have noted on the accompanying 2018-19 Student Health Registration Form, (allergies, prior medication conditions, etc.)

- Medical History As noted on the Student Health Registration Form
- Allergies As noted on the Student Health Registration Form
- Medication As noted on the Student Health Registration Form
- I am not aware of any allergy or medical issue regarding the health of my child.

Office Use:

Date Received _____
 Enroll Fee PD _____ in Full
 Check # _____
 No outstanding money owed

Statement of Non-Discrimination

Our Savior Lutheran 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.

Student _____

Grade _____

I, _____ certify that my child is in good health and can participate in all normal activities of the group and that I have noted any exceptions below.

I understand that reasonable measures will be taken to safeguard the health and safety of the boys/girls and that I will be notified as soon as possible in case of emergency. However, in the event of sickness or accident, I will not hold the group leaders of Our Savior Lutheran School responsible. In the case of sickness, or accident, after reasonable attempts to reach us or an emergency contact person fail, we, the undersigned parents of _____, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general special instructions of any licensed qualified physician, whether such treatment is rendered at the office of a physician or licensed hospital. It is understood that consent is given in advance of any specific diagnosis or treatment being required but is given to encourage chaperones of Our Savior Lutheran School and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment. I authorize the calling of the physician and/or the providing of other medical services at my expense.

Date

Signature of Parent/Guardian

Emergency Contacts (please list parent contact in priority order):

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (_____) _____ (Home/Work/Cell)

Phone: (_____) _____ (Home/Work/Cell)

email: _____

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (_____) _____ (Home/Work/Cell)

Phone: (_____) _____ (Home/Work/Cell)

email: _____

Individual(s) to notify and pick up in case of emergency if parents cannot be reached.

Please mark the box if the individual(s) is/are also authorized to pick up child in non-emergency.

Name

Relation

Home Phone

Cell Phone

Email address

Name

Relation

Home Phone

Cell Phone

Email address

Name

Relation

Home Phone

Cell Phone

Email address