

**Emmanuel Lutheran School
Summer Care Registration Form
School Year 20__ - 20__**

Student Name: _____ Nick Name: _____

Date of Birth: _____ Sex: Male / Female

Parent/Guardian Information

Mother: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Work #: _____ Company: _____

Father: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Work #: _____ Company: _____

**People To Be Contacted When Parent/Guardian Can Not Be Reached
And Authorized Pick Up/Visitor List**

The School Board has approved for immediate implementation a change to our authorized emergency contact, pick-up and visitor policy. Effective November 1, 2010 those persons not on the approved list will be unable to have any contact with your child. Please list (in order of preference) those people who should be called in an emergency or for early pick-up due to illness or weather closings. Your child will only be released to you or the people on this list. The people on the list will be asked for photo identification before the school will release your child to them.

1. Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

2. Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

3. Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Under no circumstances can student leave with: _____

For three-year old program, is your child potty trained?

Yes

No

Does your child have any medical conditions the staff should know about (febrile seizures, food allergies, asthma, etc.)? If so, please explain in detail.

Is your child currently taking any medication on a regular basis? If so, please write down the name of the medication and the reason it is given.

Name of child's physician and the phone number:

Please list any particular fears your child may have (thunderstorms, bugs, etc.).

Is there any other information you feel the staff of Emmanuel should have to make your child's summer program experience a positive one?

Please indicate the desired class(es) you are registering for:

_____ Before Care 7:00-8:20 Circle one: M-F or M/W/F or T/TH (Toddlers & 2s only)

_____ Half Day M-F

_____ Full Day M-F

_____ Half Day M/W/F

_____ Full Day M/W/F

_____ Half Day T/TH (Toddlers & 2s only)

_____ Full Day T/TH (Toddlers & 2s only)

TO BE FILLED OUT BY THE OFFICE

Registration Fee paid on _____

Check No. _____

Cash _____