

Summer Program Registration Form

Child's Name: _____ Date of Birth ___/___/___ Age: _____

Contract and Payment Information:

- ❖ \$75 non-refundable registration fee is due at sign-up
- ❖ \$150 non-refundable activities fee is due at sign-up
- ❖ Weekly tuition of \$190 per week, per child, is due on the Monday of each week throughout the duration of the program regardless of attendance.
- ❖ There are no part-time or drop-in rates
- ❖ Summer Program is for elementary-aged children 8-years-old and younger
- ❖ Summer Program begins on Monday, June 5th and ends on Friday, August 18th.

School Information:

Elementary School Child Attends: _____ Grade he/she will be in: _____

LACC Start Date: _____ Last Day my Child will Attend Summer Program: _____

Days my child will be in Attendance:

(Check all that apply) M___ T___ W___ TH___ F___

Approximate Arrival Time: _____ Approximate Departure Time: _____

Parent/Guardian Information:

Name: _____ Relation to Child: _____

Home Address: _____

City: _____ State: ___ Zip Code: _____

Primary Phone: (____) _____ Primary Email Address: _____

Name: _____ Relation to Child: _____

Home Address: _____

City: _____ State: ___ Zip Code: _____

Primary Phone: (____) _____ Primary Email Address: _____

Permission:

Since many of our program activities are conducted outdoors, we often find it necessary to apply insect repellent or sunscreen to students. Please check the appropriate box to grant or deny permission to apply these products to your child.

Sunscreen: I grant permission deny permission for my child to receive sunscreen by program staff.

Water Activities: I grant permission deny permission for my child to participate in water activities.

Field Trips:

Field Trip forms will go out the week before the activity to be signed and returned.

Health/allergy information:

Current immunization records must accompany registration

Health History:

Check if your child has any of the following:

- Allergies
- Nosebleeds
- Previous serious illness/injury
- Hospitalizations in the last 12 months

If yes please explain _____

Is there any other medical information we should be aware of?

Medication:

Does student take any prescription medication? Yes or No

If yes, what medication(s)? _____

Will medication(s) need to be dispensed during summer program hours? Yes or No

Medications must be supplied by the parent/guardian and brought to the school in the original container and properly labeled. Dispensing information must include the name of the student, name of medication, dosage amount, and the time the medication is to be dispensed. A parent or guardian must sign the medication authorization form before medication will be dispensed.

*Prescription and over-the-counter medications (including Tylenol, ibuprofen, cough syrup, and the like) will **NOT** be administered without a doctor's note. We will not administer medication on an as-needed basis. The doctor's note/prescription must be for a specific amount at a specific time/interval and for a specific period of time.

Special Needs:

Is your child in any special programs at school, or does your child have any disability which necessitates special attention or care? Yes or No

(If yes please explain) _____

Photo Authorization:

I hereby give do not give permission for my child(ren) to be photographed.

Most photographs remain in the program; however, some photographs may be used for advertising purposes or on our Facebook page.

Emergency Medical Authorization:

I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at the hospital required by law.

Please Initial _____

Parent/Guardian Signature: _____ Date: __/__/____

Parent/Guardian Signature: _____ Date: __/__/____