

1st LUTHERAN SCHOOL
Summer Program Enrollment 2019

2407 Massard Road, Ft. Smith, AR 72903 479-452-5522
www.1stlutheran.com

PROGRAM SELECTION:

_____ Part-Time/Daily (\$35 per day) _____ Full-Time (\$125 per week/\$562.50 per month)

If part-time, circle the days that your child will be attending: M T W TH F

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Name Preferred by Student: _____ Grade Completed 2019 – 2020 School Year: _____

Date of Birth _____ Age as of May 31, 2019: _____

Sex Male Female Date Student Will Begin: _____

Guardian Information (if different from parents):

Guardian Name(s): _____

Address: _____ City, State, Zip Code: _____

Phone: _____ Relationship to Student: _____

Email: _____

Mother's Information

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Place of Business: _____

Occupation: _____

Business Phone: _____

Lives with Student? Yes No

If divorced/separated, please list the custodial parent or any special arrangements: _____

Father's Information

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Place of Business: _____

Occupation: _____

Business Phone: _____

Lives with Student? Yes No

Siblings & Ages: _____

Person to contact if parent/guardian **cannot** be reached:

Name: _____ Phone: _____ Relationship: _____

Person(s) authorized to take your child from the center:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's physician and/or emergency treatment facility: _____
Phone: _____

Particular problems, disabilities, **ALLERGIES**, or fear child has _____

My child requires a booster seat during transportation. Yes____ No____ (Under age 6 and/or under 60 pounds).

My child has permission to participate off campus activities. Y N

Photographs may be taken and utilized for school publicity/social media. Y N

I give permission for staff to administer Tylenol (acetaminophen). Y N

Permission is given to staff of FLS to apply sunscreen as needed. Y N

I give my consent to 1st Lutheran School or its duly appointed representative for my child to receive medical/surgical aid as may be deemed necessary and expedient by a duly by a duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given for the school or duly appointed represented to transport my child for emergency medical treatment. Initial: _____

I have received, read, and understand the discipline policy of 1st Lutheran Summer Program. Initial: _____

I understand that a late pick of fee of \$1 per minute per child will be charged for each minute after 5:30 p.m. Initial: _____

If enrolled in full time care, payments must be made through Simply Giving or must be prepaid. Initial: _____

I understand that I will be billed for days scheduled even if my child does not attend. Initial: _____

I understand up to two weeks' vacation time is allowed with two weeks **prior** notification. Initial: _____

A non-refundable registration fee is due upon enrollment

Early Childhood (3 - 5 Years of Age): \$75	Elementary (6 – 12 Years of Age): \$135
---	--

Parent Signature _____ Date _____

OFFICE USE ONLY

Date Rec'd _____ Reg. Fee Paid: \$ _____ Check #: _____
_____ Full-Time Summer Care _____ Part-Time Summer Care Starting Date: _____