

# \*\*School-Age Summer Camp Registration\*\*

\_\_\_\_\_ is hereby registered by the undersigned parent(s) or guardian(s) for the 2012 summer program in Christ Lutheran Children's Center, conducted under the parish's Children's Center Board. Complete and return this form to CLCC with a non-refundable \$50.00 application fee. A contract will be issued based on the information provided.

**Please check sessions and indicate days and times:**

| Summer 2012   | Summer 2012  |
|---|--|
| <b>1<sup>st</sup> session</b> June 11-July 13 _____<br>Monday: from _____ until _____<br>Tuesday: from _____ until _____<br>Wednesday: from _____ until _____<br>Thursday: from _____ until _____<br>Friday: from _____ until _____ | <b>2<sup>nd</sup> session</b> July 16-August 17 _____<br>Monday : from _____ until _____<br>Tuesday: from _____ until _____<br>Wednesday: from _____ until _____<br>Thursday: from _____ until _____<br>Friday: from _____ until _____ |

**Please check the tuition payment plan you prefer:**  
**Refer to attached Price Information sheet for tuition amounts**

- |  |   |
|--|---|
| <input type="checkbox"/> Bi-weekly Full Day Preschool Tuition<br><input type="checkbox"/> Monthly Full Day Preschool Tuition<br><input type="checkbox"/> Other (Upon Approval) | Payments due every two weeks in advance.<br>Payments due every month in advance |
|--|---|

Scholarships are not available for summer.

I give permission for my child to use all of the play equipment and to participate in all of the activities of the Center. I release Christ Lutheran Children's Center from all liability associated with any accident or injury occurring while my child is participating in any Center activity, especially where the hazard of such activity is apparent. I also give my permission for photographs that may be taken of my child while participating in Center programs to appear in newspapers, magazines, brochures, or other publicity materials.

Signature of Parent or Guardian \_\_\_\_\_  
 Date \_\_\_\_\_

***A non-refundable application fee of \$50.00 per family must accompany this signed application or it is considered invalid. This fee will not be refunded in the event of cancellation.***

# Christ Lutheran Children's Center

## Admissions Information

|                      |                   |     |
|----------------------|-------------------|-----|
| <b>Child's name</b>  | Date of birth     | Age |
| Address              | City, State, Zip  |     |
| <b>Mother's name</b> | Mother's phone: H | W   |
| Address              | City, State, Zip  |     |
| <b>Father's name</b> | Father's phone: H | W   |
| Address              | City, State, Zip  |     |

Name your child is called at home: \_\_\_\_\_

Religious affiliation \_\_\_\_\_ Christ Lutheran Church Member? Yes No

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Other \_\_\_\_\_

If the parents are separated, how often does your child see the absent parent?

\_\_\_\_\_

Names and ages of child's brother(s) and sister(s) (if applicable):

\_\_\_\_\_

Other members of the household (include name and relationship):

\_\_\_\_\_

Has your child had other group experiences? \_\_\_\_\_ Please specify: \_\_\_\_\_

Has your child previously attended another summer program?  
(Name) \_\_\_\_\_

Does your child have neighborhood friends? \_\_\_\_\_

How did you hear about Christ Lutheran Children's Center? (Friend, Relative, Church etc.) \_\_\_\_\_

What do you hope your child will gain from this summer experience?

Are there any family or home problems which might affect your child's school adjustment? If so, please explain.

### Authorizations

A child will only be released from the Center to his/her mother, father, or other persons authorized by the parents. In the case of divorce or separation, the Center cannot deny a parent access to a child unless copies of legal documentation stating otherwise are provided.

Persons authorized to pick up child other than parent: (Name, Address, Phone, Relationship to child)

Who may **NOT** pick up you child?

|                         |
|-------------------------|
| For Office Use Only:    |
| Date Received _____     |
| Time _____              |
| Registration Paid _____ |
| Check # _____           |
| Date of Admission _____ |