

Enrollment for 2019 Summer Care
June 3rd - August 2nd (Closed July 4th)

Student's Name: _____ Grade 2019/2020: _____

Birthdate: _____ Home Phone #: (_____) _____

Parent/Guardian Names: _____

Address: _____

Email Address: _____

Whom should we call first in case of illness, injury or discipline?

Mom's Work# (_____) _____ Cell# (_____) _____

Dad's Work# (_____) _____ Cell# (_____) _____

**M
E
D
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C
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L**

Physician: _____ Phone: _____

Does your student have any health problems? _____

Please list any medications currently being taken: _____

Please list any allergies: _____

Do we have your permission to administer the following OTC medications?

Tylenol: YES NO

Advil: YES NO

Benadryl: YES NO

SUMMER CARE FEES – For students 3-years – 6th grades/Students must be at least 3 years old to attend & fully potty-trained.

Is the child enrolled to attend LCS for the 19/20 School year? Y N

If you selected Y, then you will be charged the LCS rate for Summer Care

If you selected N, then you will be charged the Non-LCS rate

\$40 Craft Fee – Due with enrollment. Applies to All Summer Care students.

June
Due June 1

Full-Time:

LCS \$425

Non-LCS \$590

Part-Time: (Mon, Wed, Friday)

LCS \$335

Non-LCS \$435

Drop-In:

ALL \$35/Day – Pay at time of service



July
Due July 1

Full-Time:

LCS \$425

Non-LCS \$590

Part-Time: (Mon, Wed, Friday)

LCS \$335

Non-LCS \$435

Drop-In:

ALL \$35/Day – Pay at time of service

AUTHORIZED PICK-UP

The people you list in this section will be allowed to pick up students from Lawton Christian School. ID will be required at pick up. **PLEASE DO NOT LIST PARENTS/LEGAL GUARDIANS IN THIS SECTION.**

Name: _____ Relation: _____ Tel. # _____

Name: _____ Relation: _____ Tel. # _____

Name: _____ Relation: _____ Tel. # _____

Authorization for Emergency Medical Care

I hereby authorize Lawton Christian School and its staff to call for emergency medical care or to transport my child, _____, to the nearest medical hospital in case of accident or acute illness, and to arrange for necessary medical and surgical care, in case I am not immediately available. Any qualified physician, called by LCS, may treat and do whatever is necessary for the health and well-being of my child until I can be notified.

It is understood that a conscientious effort will be made to notify me (parents) before such action is taken.

Parent Name (print): _____

Parent Signature: _____ Date: _____

LCS Summer Care Permission Slip to Leave Campus

I give my child, _____, permission to leave Lawton Christian School for all school-sponsored activities unless I indicate to the contrary in writing to summer-care staff. I realize that I will be informed of all activities in advance. **

Disclaimer:

I hereby agree to hold Lawton Christian School harmless of any injuries sustained or loss of property by/to my student during Lawton Christian School activities.

Parent/Guardian Signature: _____

Date: _____

** In order to save time (yours and ours), we are asking you to sign one field-trip permission slip for all summer care field trips. You will be notified in advance of any off-campus activities. You are not obligated to let your child attend any field trips. However, we may not have staff available to care for your student if they do not accompany the group on a field trip; in such cases, we ask that you make other arrangements for them. Additional charges may apply for field trips.

Lawton Christian Summer Care

PARENTAL AGREEMENT

I (we) the undersigned parent(s) or guardian(s) of _____, who is my/our _____ (relation), agree to the **Policies and Procedures of Lawton Christian School** and understand all policies are in effect during the summer programs.

- I understand that Summer Care will take place at the Crusader Kids facility.
- I understand that Summer Care hours are 7:30 a.m. – 5:30 p.m., Monday – Friday.
 - Closed on July 4.
- I understand that it is my responsibility to have my child picked up by 5:30 pm on a daily basis and that after 5:30, \$1.00 per minute will be charged regardless of the reason I am delayed. To the best of my ability, I will notify the school if I am running late & will pay at time of pick up.
- The primary form of behavioral modification is positive reinforcement, but time outs will be used if deemed necessary. I understand that if my child becomes a disciplinary problem, the office staff (if available) may be required to step in or, in order to protect staff and children, I may be called and my student may need to be picked up immediately and/or dismissed from the summer care program.
- I understand that at the **preschool** level, the staff members will, at times, be helping with any necessary clothing adjustments my child may need while using the restroom and/or before and after water play.
- I understand that students may wear any type of modest summer clothing. Uniforms are not required. We will have a lot of messy, fun play, so play clothes are a must and extra clothes are required!
- I understand that Tennis Shoes are required! **Including water-play days. You may put flip flops in their back packs, but dress them in tennis shoes every-day.
- I understand that lunch will be provided for Summer Care.
- I understand that snacks will be provided for Summer Care.
- **Sunscreen** will be provided by the Summer Care program. However, I understand that if my child has certain allergies, then I will send his/her own bottle labeled with his/her name.
- I understand that **PreK3, PreK4, and Kindergarten** students will need 2 large towels for naptime and complete change of clothes available on a daily basis.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____