

Concordia Lutheran School
Summer Camp Release Form

Camper's Name _____ Grade for Aug 2015 _____ Male _____ Female _____ DOB _____

Primary Address _____ City _____ State _____ Zip _____

Name of Parents _____ Email Address _____

Father's Home Phone _____ Work # _____ Cell # _____

Mother's Home Phone _____ Work # _____ Cell # _____

Please contact the following parent first: Father _____ Mother _____

Registration Fee: \$50 per student

Please check program requested: Field Trip Cost are **NOT** included in weekly tuition

Full Day Program – Pre Kindergarten (ages 3 & 4 – must be fully potty trained)

_____ 5 days - \$130 per week

_____ 3 days - \$108 per week

Full Day Program – Kindergarten – 5th Grade

_____ 5 days per week \$110 per week

_____ 3 days per week \$75 per week

Ask about multiple child discounts

Before Care: 6am-8am **After Care:** 3pm – 6pm

In the event of an emergency, Concordia Lutheran attempts to contact the parents first, and then we will contact of the following people:

BASED ON THE ORDER IN WHICH THEY ARE LISTED. The following also have permission to pick up my child.

| Name | Relationship | Home/Cell# | Work # |
|----------|--------------|------------|--------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

*Concordia Lutheran School has permission to use this student's name and image for publicity in publications, printed material, TV & website.

*Concordia Lutheran is not responsible for personal items left unattended on our property.

*Concordia Lutheran, any of their board members, employees, and volunteers are exempted from any liability associated with this student during the Summer Program. Student assumes all risks associated while participating in the Concordia Lutheran Summer Program and waives any claims against the owner or the property on which the activity is held.

*In the event of an accident or illness of the above listed child (children), I do hereby authorize Concordia Lutheran to secure any necessary medical treatment. In the event that I cannot be contacted immediately for notification or shall fail or refuse to remove the child after notification of illness and request for removal of the child, I hereby authorize the camp staff to take appropriate action for removal of the child from the premises. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, removal, or treatment of the child.

*I understand that my child is enrolled that they are accepted on a probationary basis for the first two weeks of attendance.

I agree to take full responsibility for the payment of this summer campaccount. Should I default, I agree to pay all cost of collections including collection fees, attorney fees and court fees.

Father's/Guardian's Signature _____ Date ____/____/____

Mother's/Guardian Signature _____ Date ____/____/____