



2018 SDC ENROLLMENT FORM

St Paul's Lutheran Church & Extended Care
20805 Middlebelt Road - Farmington Hills, MI
248-474-2488

Please enroll my child(ren) in St. Paul's Summer Day Camp Program:

<u>Name(s) of Child(ren)</u>	<u>Grade Finished / Age</u>
_____ birthday: _____	____ / ____
_____ birthday: _____	____ / ____
_____ birthday: _____	____ / ____
_____ birthday: _____	____ / ____

Summer Day Camp Rates

\$35.00 per child per day
\$150.00/week for 1 child

\$275.00/week for 2 children*

\$375.00/week for 3 children*

*(multiple children in same family)

Multiple children pay regular daily rate if using less than the full week.

I understand and affirm that:

1. The 2018 Summer Day Camp Program runs for 10 weeks, June 11th through August 17th.
2. THERE IS NO SUMMER DAY CAMP ON WEDNESDAY JULY 4th.
3. Hours for Summer Day Camp are 6:30 a.m. - 6:00 p.m. and I will pick my child(ren) up by 6:00 p.m.
4. If my child(ren) is/are picked up after 6:00 p.m. I will pay a late pick-up fee of \$1.00 per minute after 6:00 (will be added to bill).
5. I will pay my Summer Day Camp tuition WEEKLY. Children may not attend with an unpaid balance equal to 5 days of Camp (if part time), or one full week plus 2 days (for full time attenders).
6. I will include a \$50.00 per child Registration/Snack Fee with this enrollment form.

Father/Guardian _____

Mother/Guardian _____

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Home Address _____ City/Zip _____

Home Phone (if applicable) _____

#1 Emergency Contact Name & Phone Number

#2 Emergency Contact Name & Phone Number

Parent/Guardian Signature _____

Date _____

Additional Information for Summer Day Camp

T-shirt size (circle) Youth S M L Adult S M L XL

Food Allergies _____

Other Allergies _____

My Child may watch movies with the following rating: ___ G only ___ G and PG
___ G; please check title with me on PG (cell # to text me at: _____)

PERMISSION TO PHOTOGRAPH

I, _____, the parent/guardian of _____,
do grant or decline permission for my child to be photographed and for those photographs to be displayed in
the following ways (no full names associated with pictures on-line):

Display photos in/on:	Grant permission	Decline permission
Summer Day Camp Facebook page		
St Paul's Lutheran Church Facebook page		
St Paul's Lutheran Church Website		
Printed promotional materials		
On walls in facility		
Scrapbook/photo album of SDC		
Staff personal album or Facebook page		

Good Health Statement

I, _____, verify that my child, _____
Parent/Guardian Child's Name

is in good health and that I assume responsibility for my child's state of health while at **St Paul's Lutheran Church (Farmington)** Summer Day Camp, with the understanding that I will be notified immediately when anything unforeseen in this regard occurs.

The following activities restrictions apply to my child:

1. _____
2. _____

If your child was a student at Concordia Lutheran for the 2017-18 school year, we have your Health Appraisal on file. If your child attended another elementary school, please provide a copy of a Health Appraisal done at his/her doctor's office within the past 12 months.

Parent/Guardian Signature: _____ date: _____