

# Summer Camp School Registration Form

Registration Date \_\_\_\_\_

Grade Entering \_\_\_\_\_

Child's Name \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

How did you hear about St. Paul Christian School? ( ) Website ( ) Church ( ) Friend ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Church Attending \_\_\_\_\_

Child Lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_

## Physician Information

Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

## Authorized Pick-up Contacts (Child may be released to this person)

1. \_\_\_\_\_  
(Name) (Phone) (Relationship)
2. \_\_\_\_\_  
(Name) (Phone) (Relationship)
3. \_\_\_\_\_  
(Name) (Phone) (Relationship)

## Local Emergency Contact (When parents cannot be contacted)

Name \_\_\_\_\_  
(Name) (Phone) (Relationship)

Special Instructions/Allergies/Medical Conditions \_\_\_\_\_

If the information on this form needs to be updated, I will notify the school at the earliest convenience.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Financial Agreement

## Summer Camp

Summer Care will be offered Monday-Friday 7am-6pm.

**Deposit: \$50** (*nonrefundable fee applied toward tuition*)

**Tuition: \$135 weekly**

I, \_\_\_\_\_ would like to enroll my

Parent/Guardian Name

child, \_\_\_\_\_ in the Summer Camp.

Child's Name

Please initial the weeks that your child will attend camp. Your account will be charged for only the weeks that you have initialed.

_____ Week of June 8th	_____ Week of July 6th
_____ Week of June 15th	_____ Week of July 13th
_____ Week of June 22nd	_____ Week of July 20th
_____ Week of June 29th	

(July 6th Closed)

Total Weeks \_\_\_\_\_ x \$135= \_\_\_\_\_

I understand that I may sign up for a single day if there is an available spot for \$35.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Behavior Guidance Policy

**St. Paul Christian School** uses positive guidance principles in managing behavior. Positive reinforcement and role modeling are the first and foremost techniques in fostering good behavior. Should positive reinforcement become ineffective, logical consequence explanation, prevention and intervention and/or redirection techniques will be used in order to alter inappropriate behavior. Discipline will not be associated with food, rest, or toileting and your child will not be denied outdoor/active play as a result of misbehavior. Whenever possible, the child will be encouraged to contribute toward resolving the conflict in which he or she is involved.

Under no circumstances will **St. Paul Lutheran** use physical or verbal abuse for discipline. Should the above methods not alleviate inappropriate behavior, we will request your help.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# St. Paul Christian School

## Parental Media Release

In all formats, I (we) authorize the St. Paul Christian School to use and publish recognizable images of my child, excluding their name, in any medium deemed appropriate by St. Paul Christian School, including, but not limited to:

- Web Pages
- Newspapers
- TV (Broadcasts to homes)
- Multimedia presentations
- Pictures for professional journals

I (we) release and discharge St. Paul Christian School, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by St. Paul Christian School. I (we) warrant that we are the guardian and/or parents of \_\_\_\_\_ and have full rights to sign on behalf of said child.

Student name \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_