



Summer Care 2019
St. Paul's Lutheran School
 Summer Care Registration

Please complete a separate registration form for each child you are enrolling. **Registration fees, Tuition Express electronic funds transfer authorization form and a voided check must accompany the registration.** We are looking forward to spending a summer of fun with your child!

Child's Name _____ Birthdate _____

Allergies _____ Grade for the 2019/20 school year _____

Address _____

Parent Information:

Father Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-mail _____

Mother Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email _____

Summer Care begins on Monday, June 3rd and runs through **Friday, August 9th**. There is no care available on Thursday & Friday, July 4th & 5th. Please **circle** the days you **anticipate** needing Summer Care on the calendar below. **Include the times** you will need care for each day to help us determine staffing needs. Remember to complete the backside of this form. Thank you.

June				
M	T	W	TH	F
				31
3 Summer Care Begins	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

July				
M	T	W	TH	F
1	2	3	4 No Care	5 No Care
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

July/August				
M	T	W	TH	F
29	30	31	1	2
5	6	7	8	9 Summer Care Ends
12	13	14	15	16
No Summer Care this week				
19	20 School & Extended Care begin	21	22	23

Billing dates in bold. Final billing on August 9th.

OFFICE USE ONLY: Date Received _____

Please note that Extended Care begins again on the first day of school for K-8, Tuesday, August 20, with full day care until Pre-K begins on Sept. 3.

EMERGENCY HOME CONTACT INFO

Dear Parent or Legal Guardian:

The well-being of your child is considered very important by our school. When children become seriously ill or injured we find it difficult to locate the parents, legal guardians or the family physician (in case you cannot be reached) for immediate action. In order to make our health and safety programs more effective, we request your cooperation in filling out this report.

Family Physician _____ Phone No. _____

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

(Name) (Address) (Phone No.)

Relationship of above named person to child _____

In case of serious accident or illness at school, the school principal/Summer Care worker will send your child to _____ hospital, _____ (city), if in his opinion, emergency medical care is required. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child is a parental one.

Please list any special requests you wish to make to help us aid your child in case of emergency.

The following person(s) are authorized to pick my child up from Summer Care:

Name	Relationship to Child	Telephone Number
1 st		
2 nd		
3 rd		
4 th		

We would appreciate if you could please also check the **Google Doc**. that is emailed to you every week from Mrs. Martin and approve with an "X" or state **any changes** you may need.

Please be courteous to the Extended Care staff by communicating any changes or absences from the registration form you completed. These absences could include illness or a general change of plans. We ask that you let us know of the absence at least a day in advance, if possible aside from illness, as we plan our staff using a 12:1 child to adult ratio according to the dates and times you have given to us. If your child is ill, please let us know as soon as possible that they will not be in Summer Care that day. Please call (414) 422-0320 ext. 146 or email: cbourdo@stpaulmuskego.org to communicate your absence.

Thank you

If families repeatedly do not let our Summer Care staff know in advance of an absence, a \$25 fee per child per incident will be added to the next billing payment upon the third incident and beyond.

Signature of Parent or Legal Guardian Date