

Program Cost Camp Emanuel's
\$475 a month
\$125 a week
\$30 a Day (Drop In)

Emanuel's Lutheran Day School

2020 School Year Camp Emanuel's Registration Form

Monday, April 6, 2020 – Schools Re-open
(830) 372-0332 dayschool@emanuels-seguin.org

Please complete this form and return it to the Day School office.

You may email this form to Dayschool@Emanuel-Scguin.org

Child's Name: _____ Male: __ Female: __ D.O.B.: ____/____/20____
Last Name *First Name*

Address _____
Street Address *City* *Zip*

Mother's Name: _____ Phone number: _____

Address _____
Street Address *City* *Zip*

Email: _____ Daytime Phone number: _____

Father's Name: _____ Phone number: _____

Address _____
Street Address *City* *Zip*

Email: _____ Daytime Phone number: _____

Who is first contact? _____ Name of person other than parent child can be released to :

Name _____ Phone number: _____

Name _____ Phone number: _____

Does your child live with (mother), (father), (both), (other: guardian _____)? Circle one.

Emergency Contact : _____ Phone number: _____

Address _____
Street Address *City* *Zip*

Physician or emergency care-facility: _____ Phone number: _____

Address _____
Street Address *City* *Zip*

I give authorization to obtain medical care in case of emergency _____ yes _____ No

OFFICE USE ONLY

Registration fee paid: _____ ck# _____ cash _____ Brightwheel App

Date: ____/____/2020

Transportation

I give consent for my child to be transported and supervised by Emanuel's employees:

_____ for emergency care _____ field trip

I give permission for my child to participate in water activities Yes No

I give my child permission to be on the internet to complete classwork/homework assignments Yes No

I give my child permission to participate in online games/video games Yes No

School Assignments

Please have your child bring their Chromebook or laptop with them everyday

School your child attends _____ School District _____

Learning Management System the school uses (google Classroom etc) _____

Log in information if we need to help your child log in _____

Please list any special needs your child may have such as allergies, previous serious illness and injuries, hospitalization during the past 12 months, any medications prescribed for continuous use etc. _____

If your child is new to Emanuel's, how did you hear about us? _____

Please choose one payment option to submit tuition payments:

Choice of Program: ____ Month ____ week ____ Day (48 hour notice must be given)

Full tuition payment for the month is due on the **1st first business day of each month**. Failure to pay at least one-half of the tuition payment on or before the 3rd business day of the month will result in a **\$25.00 late fee applied at 6pm on the 3rd business day** of the month. *Absence on the due date does not excuse payment. Late fee applies.*

First day of attendance will be _____

Lunch and Snacks

All children bring lunch from home each day. We have a refrigerator where lunch and snacks may be stored if necessary. A Microwave is also available. However, we ask that food products requiring more than 1 ½ minutes to heat or prepare for serving **not** be included. Remember, we are serving many children at a time.

Labeling of food containers and lunch boxes is mandated. Use permanent marker to write your child's name on the outside of the lunch container, drink containers, or anything else placed in the refrigerator, with your child's first and last names. We will have two snacks per day and lunch. Please pack food accordingly.

My signature below and payment verifies my commitment to enroll my child in Camp Emanuel's for the spring 2020 school year. **I understand that my child's space is not reserved until both this registration form AND the fee are recorded in the Day School Office.**

Signature _____

Date: ____/____/2020