



# St. Paul Lutheran School

325 North Colfax Street ~ West Point, NE 68788

www.stpaulwp.org ~ 402-372-2355



## SUMMER CLUB



2024

**SUMMER CLUB PROGRAM:** Provided at St. Paul Lutheran School May 20th through August 2nd.

**HOURS:** Monday through Friday 7:30 am—5:00 pm

**AGES:** Students entering 3 year-old Preschool (Must be potty trained) through 8th Grade

**TRANSPORTATION PROVIDED:** We'll drive or walk with kids to and from summer activities, such as ball practice, summer day camp, etc.

**MEALS INCLUDED:** M-TH Lunch provided, FRI sack lunch needed. AM & PM Snacks included

**FIELD TRIPS:** to West Point Pool, John A Stahl Library & the Park

**ACTIVITIES, GAMES, CRAFTS & LESSONS:** Christian activities, Biblical Story Themes, School Based Curriculum, Nebraska Extension Office Activities

**COSTS:** \$50 Non-Refundable Registration Fee, will be deducted from the first week's payment.

**5 DAYS/WEEK CARE:** 1st Child: \$170 per week. Additional Children: \$95 per week

**DROP-IN RATE:** 1st Child: \$50 per day, Additional Children: \$25 per day.

**Contact: St. Paul Lutheran School  
at the School 402-372-2355**





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2024

## SUMMER CLUB



### Registration Items Needed:

- Completed Registration Form
- \$50 Deposit (full-time families only)
- Automatic Tuition Withdrawal Form
- Handbook Acknowledgement Form
- Swimming Permission Form
- Copy of Immunization Records
- Copy of Health Insurance Card

**Contact: St. Paul Lutheran School  
at the School 402-372-2355**

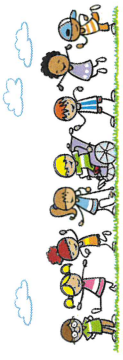






# Student Registration and Emergency Information

## St. Paul Lutheran School SUMMER CLUB



### \$50 Non-Refundable Registration Fee Must Accompany This Form

### Cost: 5 Days/Per Week - 1st Child \$170, Additional \$95 Drop-In Rate - 1st Child \$50 per day, Additional \$25 per day

Child NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MEDICAL CONDITIONS \_\_\_\_\_ ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_ School & Grade 2024/2025 \_\_\_\_\_

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please fill out completely. These phone numbers are important in the event of an emergency.**

#### FATHER/GUARDIAN

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 PLACE OF WORK \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

#### MOTHER/GUARDIAN

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 PLACE OF WORK \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

#### FAMILY INFORMATION

**PARENT'S MARITAL STATUS:**  
 Married \_\_\_\_\_ Divorced \_\_\_\_\_  
 Remarried \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

**CHILD(REN) LIVE WITH:**  
 Both Parents (Full Time) \_\_\_\_\_  
 Mom (only) \_\_\_\_\_ Dad (only) \_\_\_\_\_

**CHURCH** \_\_\_\_\_  
 Has your child been Baptized? \_\_\_\_\_  
 Would you like a call to learn more about our Church? \_\_\_\_\_  
 You are welcome to join us at Church! \_\_\_\_\_

**EMERGENCY CONTACTS other than parents, listed above MUST HAVE 2 EMERGENCY CONTACTS LISTED**

NAME \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_

NAME \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_

Date Form Returned to Office \_\_\_\_\_  
 Date Deposit Paid \_\_\_\_\_

**Delegation of Right to Consent for Medical and Dental Treatment of a Minor Child**

**PLEASE NOTE:** School officials will administer first aid and/or take your child to a physician or hospital for medical treatment in the event it appears necessary and neither parent/guardian can be contacted. Therefore we must have your insurance card on file.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

I am parent/guardian of \_\_\_\_\_, a minor of whom I have legal custody. I authorize any staff member of St. Paul Lutheran School and Church, West Point, Nebraska, in my absence to consent to medical, surgical, or dental treatment and diagnosis to be rendered to the above minor under the supervision and on the advice of any physician or surgeon, or dentist licensed to practice in the State of Nebraska. I will assume full financial responsibility for these measures.

**This delegation is intended to be in effect from May 20, 2024 to August 2, 2024.**

Dated \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Parent/Guardian*

**MEDIA RELEASE**

In order to share our faith, promote our school, and tell others about the great things happening at our school, **we are requesting your permission to post photographs** of your child on our school website, the plasma screen in the main lobby, the West Point News, on social media, and other outlets as the need arises. If you agree, please check yes.  No  Yes

**TRANSPORTATION & PICKUP RELEASE**

Other than yourself who has permission to pick up your child?

\_\_\_\_\_  
Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I grant the St. Paul Lutheran Summer Club Staff permission to take my child(ren) to his or her various activities and places.

Dated \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Parent/Guardian*

**SUMMER SCHEDULE**

My Child(ren) plan to attend Summer Club:

_____ Week 1	May 20-24	all days	M T W TH F	_____ Week 6	June 24-28	all days	M T W TH F
_____ Week 2	May 27-May 31	all days	M T W TH F	_____ Week 7	July 1-5	all days	M T W
_____ Week 3	June 3-7	all days	M T W TH F	No Summer Club 4th or 5th of July			
_____ Week 4	June 10-14	all days	M T W TH F	_____ Week 8	July 8-12	all days	M T W TH F
_____ Week 5	June 17-21	all days	M T W TH F	_____ Week 9	July 15-19	all days	M T W TH F
				_____ Week 10	July 22-26	all days	M T W TH F
				_____ Week 11	July 29-Aug 2	all days	M T W TH F

# Automatic Tuition Payment Withdrawal Authorization

St. Paul Lutheran School, West Point, NE

## 2024 Summer Club

I (we) hereby authorize St. Paul Lutheran School to initiate debt entries to my (our) account indicated below and the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**Payments for each week of Summer Club will be withdrawn, and reoccur weekly on Tuesdays, for charges from the previous week.**

Effective Date: **May 20, 2024** (Date of 1<sup>st</sup> withdrawal – Wednesday, May 29, 2024)

This authority is to remain in full force and effect until either the end of the Summer Club program 2024 or St. Paul Lutheran School has received written notification from me (or either of us) of its termination in such time and manner as to afford St. Paul Lutheran School and our above named financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please attach copy of voided check to this form.**

# **St. Paul Summer Club**

## **Handbook Acknowledgement Form**

*My signature below acknowledges that all pertinent information, phone numbers, and family contact information is on file at St. Paul Lutheran School on the St. Paul Summer Club Registration Form. I give St. Paul Lutheran School permission to copy this form and any pertinent records needed for the St. Paul Summer Club.*

*My signature below acknowledges that my child's immunization record is on file at St. Paul Lutheran School or a copy has been given along with my St. Paul Lutheran Summer Club Registration Form.*

*My signature below acknowledges that all of my children's immunizations are up to date and current.*

*My signature below authorizes St. Paul Lutheran School Summer Club to make arrangements for and to obtain medical care and emergency medical treatment if needed for my child.*

*My signature below acknowledges that I have read, understand, and agree to the conditions and criteria outlined in the St. Paul Lutheran Summer Club Handbook and that I will abide by the same.*

*\_\_\_\_\_ I give my consent for my child to be photographed and/or videotaped while participating in the program.*

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

\_\_\_\_\_ **Date**

## Swimming Permission Form 2024

Each child will need a separate form filled out. Front & back.

Child's Name (First & Last): \_\_\_\_\_

### My child's swimming experience

Please mark the situations that are appropriate for your child.

\_\_\_\_ My child has attended swimming lessons led by a qualified instructor and is working on level \_\_\_\_\_.

\_\_\_\_ My child is a strong swimmer and may go in all areas as permitted by the pool.

\_\_\_\_ My child is an experienced swimmer and may go in areas he/she can not stand.

\_\_\_\_ My child is still learning to swim and may only go in areas he/she can stand.

\_\_\_\_ My child is new to swimming and may only go in areas he/she can stand and may need extra attention.

\_\_\_\_ My child will not swim and will sit and watch or other arrangements will be discussed with the Summer Club director.

\_\_\_\_ My child may go off the board if he/she meets the pool requirements.

\_\_\_\_ My child may go off the large slides if he/she meets the pool requirements.

\_\_\_\_ My child may go off the small slides if he/she meets the pool requirements.

All kids will be permitted to go off the slides and use equipment in the kiddy section.

Please continue to the other side.

Child's Name (First & Last): \_\_\_\_\_

Comments/ additional info.

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I give permission for my child to take part in swimming at the Nielsen Aquatic Center in West Point, NE.

- I understand that I will need to provide a pool pass for my child to attend.
- I understand that I will provide my child with the appropriate items on the list.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read through the rules with my child and we both understand what is expected in terms of behavior.

Child Sign: \_\_\_\_\_

Parent Sign: \_\_\_\_\_

Date: \_\_\_\_\_