



St. Paul Lutheran School

325 North Colfax Street ~ West Point, NE 68788

www.stpaulwp.org ~ 402-372-2355



2023

SUMMER CLUB



Registration Items Needed:

- Completed Registration Form
- \$50 Deposit (full-time families only)
- Copy of Immunization Records
- Automatic Tuition Withdrawal Form
- 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 \$160, Additional \$90 Drop-In Rate - 1st Child \$40 per day, Additional \$20 per day

Summer Club 2023

Child NAME (FIRST, MIDDLE, LAST)	MALE/FEMALE	DATE OF BIRTH	MEDICAL CONDITIONS	ALLERGIES	MEDICATIONS	School & Grade 2022/2023

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

FATHER/GUARDIAN

MOTHER/GUARDIAN

FAMILY INFORMATION

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

PLACE OF WORK _____

OCCUPATION _____

E-MAIL _____

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

PLACE OF WORK _____

OCCUPATION _____

E-MAIL _____

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 22, 2023 to August 4, 2023.

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 22-26	all days	M T W TH F	_____ Week 6	June 26-30	all days	M T W TH F
_____ Week 2	May 29-June 2	all days	M W TH F	_____ Week 7	July 3-7	all days	M TH F
No Summer Club May 29 Memorial Day				No Summer Club 4th or 5th of July			
_____ Week 3	June 5-9	all days	M T W TH F	_____ Week 8	July 10-14	all days	M T W TH F
_____ Week 4	June 12-16	all days	M T W TH F	_____ Week 9	July 17-21	all days	M T W TH F
_____ Week 5	June 19-23	all days	M T W TH F	_____ Week 10	July 24-28	all days	M T W TH F
				_____ Week 11	July 31-Aug4	all days	M T W TH F

Automatic Tuition Payment Withdrawal Authorization

St. Paul Lutheran School, West Point, NE

2023 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 22, 2023** (Date of 1st withdrawal – Wednesday, June 7th, 2023)

This authority is to remain in full force and effect until either the end of the Summer Club program 2022 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.