



Student Registration and Emergency Information
St. Paul Lutheran School SUMMER CLUB



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

Summer Club 2019

Child NAME (FIRST, MIDDLE, LAST)	MALE/FEMALE	DATE OF BIRTH	MEDICAL CONDITIONS	ALLERGIES	MEDICATIONS	School & Grade 2018/2019

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 from Pastor Bringewatt 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 15, 2019 to August 2, 2020.

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 2 May 28-31 all days T W TH F
(No Monday May 27, Memorial Day Holiday)
_____ Week 3 June 3-7 all days M T W TH F
_____ Week 4 June 10-14 all days M T W TH F
_____ Week 5 June 17-21 all days M T W TH F
_____ Week 6 June 24-28 all days M T W TH F

_____ Week 7 July 1-3 all days M T W
(No Thurs & Fri July 4 & 5, Holiday)
_____ Week 8 July 8-12 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