



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



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

Summer Club 2020

Child NAME (FIRST, MIDDLE, LAST)	MALE/FEMALE	DATE OF BIRTH	MEDICAL CONDITIONS	ALLERGIES	MEDICATIONS	School & Grade 2019/2020

**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 15, 2020 to August 7, 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 18-21 all days M T W TH F

\_\_\_\_\_ Week 2 May 26-29 all days T W TH F

(No Monday May 25, Memorial Day Holiday)

\_\_\_\_\_ Week 3 June 1-5 all days M T W TH F

\_\_\_\_\_ Week 4 June 8-12 all days M T W TH F

\_\_\_\_\_ Week 5 June 22-26 all days M T W TH F

\_\_\_\_\_ Week 6 June 29-July 3 all days M T W TH F

\_\_\_\_\_ Week 7 July 6-10 all days M T W TH F

\_\_\_\_\_ Week 8 July 13-17 all days M T W TH F

\_\_\_\_\_ Week 9 July 20-24 all days M T W TH F

\_\_\_\_\_ Week 10 July 27-31 all days M T W TH F

\_\_\_\_\_ Week 11 Aug 3-7 all days M T W TH F