



+ ST. PETER LUTHERAN SCHOOL - SCHAUMBURG, IL SUMMER DAZE REGISTRATION FORM

STUDENTS NAME _____

Last

First

Middle

MALE _____ FEMALE _____

HOME PHONE _____ - _____ - _____ CELL PHONE _____ - _____ - _____

***E-MAIL ADDRESS _____ Required: All Summer Daze information is sent by email**

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE _____ CHILD'S SOCIAL SECURITY# _____

CURRENT SCHOOL _____ CURRENT GRADE _____

Summer Daze Attendance Options:

OPTION ONE: 1 full day (over 6 hours) = \$44 or 1 half day (6 hour maximum) = \$36

OPTION TWO: 2 full days (over 6 hours) = \$42.00 per day or 2 half days (6 hour maximum) = \$34 per day

OPTION THREE: 3-4-5 full days (over 6 hours) = \$41.00 per day or 3-4-5 half days (6 hour maximum) = \$31 per day

You will sign up for days on a calendar provided each month. Changes require 1 week notice. You will only be charged the days you sign up. You may take one week (5 consecutive days) off during the summer at no be charge. One week notice required.

Summer Daze is open from 7:00 a.m. until 6:00 p.m. Monday through Friday beginning June 4, 2012 and ending Friday, August 10, 2012. There are no credits given for days signed up for but not attended.

FAMILY INFORMATION

Father/Guardian Full Name _____ Business Phone _____ - _____ - _____

Place of Employment _____ Hours _____

Mother/Guardian Full Name _____ Business Phone _____ - _____ - _____

Place of Employment _____ Hours _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Step Father _____ Step Mother _____
Name Name

Custody/Visitation (Documentation is needed for special arrangements)

Arrangements _____

Who is authorized to pick up student? (Names and Relationship) _____

Is your child adopted? Yes _____ No _____ If yes, does child know? Yes _____ No _____

Do you hold membership in a Church? _____ Would you like information about St. Peter? _____

Please complete other side

BROTHERS/SISTERS ALSO ATTENDING SUMMER DAZE

Name _____ Grade Level _____

Name _____ Grade Level _____

HEALTH HISTORY

1. Does your child have frequent: Allergies:_____ Ear Infections:_____ Headaches:_____ High Fevers:_____ Tonsillitis:_____ Strep Throat:_____ Stomach aches:_____

2. Any serious illnesses/accidents: (Specify)_____ Hospitalizations:_____

3. Any Physical disabilities or limitations_____

4. Does your child take regular medication? _____ For _____

Any other medical concerns? _____

SUMMER DAZE EMERGENCY INFORMATION

DOCTOR'S NAME _____ PHONE _____ - _____ - _____ Hospital _____ Date of last Tetanus _____ Allergies _____ Medications _____

DENTIST _____ PHONE _____ - _____ - _____

EMERGENCY CONTACT 1 _____ PHONE _____ - _____ - _____ Relationship _____

EMERGENCY CONTACT 2 _____ PHONE _____ - _____ - _____ Relationship _____

EMERGENCY PERMISSION

I UNDERSTAND THAT IN CASE OF AN EMERGENCY, THE SUMMER DAZE STAFF WILL MAKE EVERY EFFORT TO CONTACT A PARENT/LEGAL GUARDIAN AT HOME AND WORK FIRST, THEN THE EMERGENCY CONTACTS. IF PARENT/LEGAL GUARDIAN OR EMERGENCY CONTACT CANNOT BE REACHED, I AUTHORIZE THE SCHOOL TO TAKE NECESSARY EMERGENCY ACTION.

As a parent/legal guardian I authorize the treatment of the named minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger named minor's life, cause physical disability or undue discomfort if delayed. This release form is signed freely for the sole intention of authorized medical treatment under emergency circumstances in my absence.

GENERAL PERMISSION

I hereby give my child permission to participate in any school sponsored activity. This may be in the form of tours, field trips or educational excursions, sports activities. Since church and school activities are publicized in advance, I realize that I have the privilege to withdraw this permission in writing where I deem it best.

Insurance Company _____ Policy Number _____

Signature of Parent/Legal Guardian _____

Date _____

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