

2023 Summer Camp Registration Form

Child

First _____ Middle _____ Last _____ Gender: Male__Female__
School Name _____ Grade _____ Birth date ____/____/____ Age____
Street Address _____
Town/City _____ State _____ Zip Code _____ Child's Home Phone _____

Parent/Guardian – Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other_____
Street Address _____
Town/City _____ State _____ Zip Code _____ Work Phone _____
Cell Phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other_____
Street Address _____
Town/City _____ State _____ Zip Code _____ Work Phone _____
Cell Phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Cell Phone _____
Email _____ Home Phone _____ Work Phone _____
Relation to Child _____ Best Number to Call: Cell__ Home __ Work __

Emergency Contact #2

First Name _____ Last Name _____ Cell Phone _____
Email _____ Home Phone _____ Work Phone _____
Relation to Child _____ Best Number to Call: Cell__ Home __ Work __

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Please list those people in addition to parents/guardians, who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for any injury or sickness, or taking any form of medication for any reason?

Yes___ No___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes___ No___ If yes, explain: _____

Does your child require a special diet?

Yes___ No___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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In case of medical emergency contact:

	<u>Name</u>	<u>Phone #</u>	<u>Relation to Child</u>
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Lions Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle. How did you hear about Lions Academy Summer Camp?

After School Program School Website Word of Mouth Flyer Other

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during Summer Camp. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Lions Math and Science Christian Academy.

Transportation Release

I hereby give permission for the transportation of my child for official **Lions Summer Camp** activities by modes of transportation agreed to by the camp organizers.

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Property/Field Trip/Emergency Release

Lions Academy is not responsible for lost or damaged personal property. Any scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness, per physician orders. In case of emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature _____ Date: _____

Printed Name of Parent/Guardian: _____



2023 Summer Camp

Grade	Regular Rate	Before & After School Care Rate
All Students	Registration Fee \$50.00 (Non-Refundable)	N/A
Grades K-8 (2022-2023 school year grade)	\$150.00 per week	200.00 per week
Preschool (Ages 3-5 years old)	\$200.00 per week	N/A
Preschool (Ages 20 months- 2 years old)	\$225.00 per week	N/A

>>DHS Tuition Assistance Recipients Rates =Individual Monthly co-payment<<
Multiple Child Discount = \$25 off per week per extra child

Weekly rate includes a breakfast snack, lunch, and afternoon snack.

Hours of Operation

Monday-Friday 8:30am-3:30 pm (Regular Camp hours)

Monday- Friday 06:30am-5:30pm (Before/After care hours)

CAMP DATES: Weeks of June 12—July 28, 2023

Please Note:

*All Payments are due on Monday of the week that services are rendered.

*Lions Academy Charges \$1.00 per minute per child for any child who is picked up after 4:00pm (unless enrolled in extended care .

*If any late fees are incurred they **MUST** be paid the same day or your child will not be permitted to attend camp until the balance of the late fee is paid in full.

*Please make all checks and or money orders Payable to: Lions Math & Science Christian Academy.



Lions Math & Science Christian Academy
"Where Every Child is a Genius"

1011 Porter Street Waukegan, IL 60085 Phone: 847-360-1054 www.lionsacademy.org