

Lions Math & Science Christian Academy

Where Every Child is A Genius

2024 Summer Camp

Grade	Regular Rate	Before & After School Care Rate
All Students	Registration Fee \$50.00 (Non-Refundable)	N/A
Grades K-8 (2023-2024 school year grade)	\$150.00 per week	N/A
Preschool (Ages 4-5 years old)	\$200.00 per week	N/A
Preschool (Ages 3 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)

CAMP DATES: Weeks of June 10—July 26, 2024

CLOSED Thursday, June 19, 2024 for Juneteenth

CLOSED Thursday, July 4, 2024 for Independence Day

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

2024 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 ___

2024 Summer Camp Registration Form

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.

2024 Summer Camp Registration Form

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.

Parent/Guardian Signature

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.

Parent/Guardian Signature

2024 Summer Camp Registration Form

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).

Parent/Guardian Signature _____

Printed Name of Parent/Guardian: _____

Date: _____

