

----- 2017 SUMMER CARE REGISTRATION FOR NEW FAMILIES -----

SHEPHERD OF THE HILLS LUTHERAN SCHOOL AND CHILD CARE

6914 Wurzbach Road, San Antonio, TX 78240 | 210-614-3741 | www.shlutheran.org

Summer Program Information:

- Summer Program begins Monday, June 5th and ends Friday, August 18th.
- Our campus will be closed on Tuesday, July 4th and Monday, August 21st & Tuesday, August 22nd for staff development.
- The first day of school for the 2017-2018 year is Wednesday, August 23rd.

_____ **My child(ren) WILL attend the 2017 Summer Care Program.**

(NOTE: If your child(ren) were registered at SHLS during the 2016-2017 school year, you only need to furnish the information below. If student/family information, emergency contacts or pick-up information has changed from the school year, please fill out a Student Record Change at the School Office or email admissions@shlutheran.org.)

_____ **My child(ren) WILL NOT attend the 2017 Summer Care Program.**

(Please sign at the bottom and return form.)

PAYMENT PREFERENCE: Refer to Summer Schedule of Fees and select one option below.

(Note: If your children will attend different dates, separate applications should be submitted for each child)

_____ **Monthly (Infants – Incoming 8th)**

** For current part-time Infant – Preschool 3 attendees, it is assumed you will keep the same consistent days each week. Please submit requests for changes with this form; approval is based on availability.*

Circle all applicable: June (June 5th – June 30th)
 July (July 3rd – July 31st)
 August (August 1st– August 18th)

_____ **Weekly (PK - Incoming 8th)** * *Weekly is only available to current Pre-Kinder through incoming 8th graders.*

Circle all applicable: June 5th - June 9th June 12th - June 16th June 19th- June 23th June 26th – June 30th
 July 3rd - July 7th July 10th - July 14th July 17th - July 21st July 24th – July 28th
 July 31st - Aug. 4th Aug. 7th - Aug. 11th Aug. 14th - Aug. 18th

_____ **Daily (PK- Incoming 8th)** ** *Daily is only available to current Pre-Kinder through incoming 8th graders.*

Please Print All Information Below:

	Child(ren)'s Full Name	2016-17 Grade	Date of Birth	Attend Field Trips		Apply Sunblock		Apply Bug Spray		Shirt Size*
				Y	N	Y	N	Y	N	
1.				Y	N	Y	N	Y	N	
2.				Y	N	Y	N	Y	N	
3.				Y	N	Y	N	Y	N	
4.				Y	N	Y	N	Y	N	

***Shirt Sizes include the following:** Youth: X-Small/2-4 (YXS), Small (YS), Medium (YM), Large (YL), X-Large (YXL), Adult: Small (S), Medium (M), Large (L), X-Large (XL), (2XL) and (3XL)

Home Address/Apt. # if applicable	City and Zip Code	Home Phone

Father's/Guardian's Name	Business Phone with extension	Cell Phone
E-Mail Address		

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Mother's/Guardian's Name	Business Phone with extension	Cell Phone
E-Mail Address		

OVER → Application Continues on Reverse Side. **OVER →**

Your Child(ren) May Be Released To:

Name	Home Address	Contact Phone	Relationship to Child

My Child May Not be Released To: _____ (Please attach legal documentation)

Shepherd of the Hills Childcare Parent Handbook

_____ (Parent/Legal Guardian Signature) I know that the childcare handbook is online at www.shlutheran.org and available for me to read online. I will/have read the childcare handbook for Shepherd of the Hills Lutheran Childcare. (If desired, a hard copy of this handbook can be obtained in the school and childcare office)

Emergency Health Information

List any severe allergies or medical conditions, such as food allergies, medication allergies, insect bite allergies, asthma, heart problems, diabetes, epilepsy or any other condition that staff should be made aware of:

Emergency Care Authorization

In the event that I cannot be reached, by my signature below, I give my permission for SHLS/CC staff to contact my child's doctor or another qualified physician when deemed necessary due to a medical emergency. I further give my permission to have my child transported to an emergency room and I understand I will be notified.

Doctor's Name: _____ **Address/Phone:** _____

Preferred Hospital: _____ **Address/Phone:** _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Immunization History

Please either complete the immunization history below or attach a copy to this form.

Vaccine	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5/Booster Date
DTP/DtaP					
Td Booster					
Polio					

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MMR					
HiB					
Hepatitis B					
Hepatitis A			XXXXXXX	XXXXXXXXXX	XXXXXXXX
Varicella or Date of Disease					
Pneumococcal Conjugate					