**Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grade completed: \_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_\_\_ (Youth X Small - Adult L)

**Please circle weekly or daily for each week.**

**Week 1 June 3-7 (weekly/daily) Week 6 July 8-12 (weekly/daily)**

M ( ) T ( ) W ( ) TH ( ) F () M ( ) T ( ) W ( ) TH ( ) F ( )

**Week 2 June 10- 14 (weekly/daily) Week 7 July 15-19 (weekly/daily)**

M ( ) T ( ) W ( ) TH ( ) F ( ) M ( ) T ( ) W ( ) TH ( ) F ( )

**Week 3 June 17-21 (weekly/daily) Week 8 July 22-26 (weekly/daily)**

M ( ) T ( ) W ( ) TH ( ) F ( ) M ( ) T ( ) W ( ) TH ( ) F ( )

**Week 4 June 24-28 (weekly/daily) Week 9 July 29-Aug. 2(weekly/daily)**

M ( ) T ( ) W ( ) TH ( ) F ( ) M ( ) T ( ) W ( ) TH ( ) F ( )

**Week 5 July 1-5 (weekly/daily) Week 10 August 5-9 (weekly/daily)**

M ( ) T ( ) W ( ) TH ( closed ) F ( ) M ( ) T ( ) W ( ) TH ( ) F ( )

**Summer Program Information:**

* **Summer Ram Camp is Monday, June 3- Friday, August 9, 2024.**
* **SHLS campus is closed July 4, 2024.**

**Contractual Agreement**

**We, the undersigned, agree to fulfill all financial obligations as required by Shepherd of the Hills Lutheran School.**

* **All registration fees are non-refundable.**
* **Billing will be sent out weekly for pre-kindergarten-7th grade. All daily/weekly fees are to be paid before or on the Monday of the current week.**
* **Summer Ram Camp fees shall be charged for the entire week in which the student is registered.**
* **Due to staffing ratios required by the state child care licensing, two weeks advance notice is required if you request a change in your child’s schedule.**
* **SHLS does not prorate the tuition fee if your child misses part of the registered week. Parents are responsible for the full tuition for each week their child is registered regardless of the actual attendance.**

**FEES AND DISCOUNTS**

* **Summer Ram Camp registration/activity fee of $85 is due from those who are enrolled as SUMMER CARE ONLY.**
* **Tuition fees:**
  + **Infants – Threes (full time rates are listed below)**
    - **Infants $1054/month**
    - **Toddlers $1025/month**
    - **Junior Twos & Senior Threes $935/month**
  + **Pre-Kindergarten -7th Grade** 
    - **Daily $75**
    - **Weekly $300**
* **Field trip fees: Field trip fees are not included in the weekly or daily rate. Field trip cost will range from $10-$15. All field trip fees will be on the field trip calendar, which will be given out the first day of Summer Ram Camp.**
* **Open swim fee will be charged on a weekly basis. Swim fee will range from $10-$12 per swim day.**
* **Sibling discount: Full tuition is paid on the highest tuition rate. A 10% discount is given to the second child. A 20% discount is given to the third child and each additional child.**

**PARENT/GUARDIAN INFORMATION**

( ) FATHER ( ) MOTHER ( ) GUARDIAN

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) child’s primary address

Work phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) FATHER ( ) MOTHER ( ) GUARDIAN

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) child’s primary address

Work phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s marital status: ( ) married ( ) single**

**If only one parent has custody of the child, we must have a court order on file** **for the agreement to be honored.**

**Legal documents are on file in the SHLS office.**  **(office use: initial)\_\_\_\_**

**When parent/guardian cannot be reached, please contact the following person(s) in the order listed. I authorize my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be released to the following person(s):**

**Please print name(s) or person(s) in case of emergency:**

1. **First/last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **First/last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or legal guardian Printed name of parent or legal guardian Date**

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION/FIRST AID**

**In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Shepherd of the Hills Lutheran School and Child Care staff person in charge to take my child to:**

**Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance claims phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred hospital’s phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If no other hospital is listed, your child will be transported to the nearest emergency room.**

**List any special health concerns:**

**None: \_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous serious illnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Injuries (within the last 12 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescription medications for long-term continuous use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby \_\_\_\_GIVE \_\_\_DO NOT GIVE consent to a designated SHLS staff to administer first aid and/or medication to my child.**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child’s immunization record is on file at SHLS or is attached hereto and all immunizations and tuberculosis tests are current.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or legal guardian Printed name of parent or legal guardian Date**

**AUTHORIZATION FOR ACTIVITIES**

**TRANSPORTATION:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE consent for my child to be transported and supervised by SHLS staff, SHLS parents and/or Summer Ram Camp staff on field trips.

**FIELD TRIPS:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE consent for my child to participate in field trips.

**WATER ACTIVITIES:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE consent for my child to participate in water activities (splash pools, wading pools, swimming pools)

**SUNSCREEN:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE consent for sunscreen to be applied to my child.

**INSECT REPELLANT:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE consent for insect repellant to be applied to my child.

**PHOTO RELEASE:**

I hereby \_\_\_\_\_GIVE \_\_\_\_\_DO NOT GIVE permission for my child to be photographed or video to be taken in the school, at school functions, and on field trips. Photographs/video may be used in advertisement, displayed on the school bulletin boards, posted in the SHLS newsletter and/or the SHLS website. No identifying information will be published with photos.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or legal guardian Printed name of parent or legal guardian date**