



St. John's Lutheran School
 4231 W. 183rd Street Country Club Hills, IL 60478
 www.sjcch.com Phone: 708-799-7491 Fax: 708-798-4193



Registration Form

Child's Information:

Child's Full Name _____ Child's Date of Birth _____

Grade your child's has just completed (circle one): PK3 PK4 Kg 1 2 3 4 5 6 7 Gender : M F

Child's Home Address: _____
 Street City/Town Zip Code

T-Shirt Size (circle one): Youth S M L Adult M L XL

What school does your child currently attend? _____

Does your child have any special learning needs or discipline issues that we should be aware of for the child's good (circle one)? Yes No

If Yes, please describe below:

For the safety of your child, please list all allergies and any health concerns:

Adult Contact Information:

Primary Contact Name: _____ Relationship: _____

Mobile Number _____ Work Number _____ Home Number _____ Email Address _____

Secondary Contact Name: _____ Relationship: _____

Mobile Number _____ Work Number _____ Home Number _____ Email Address _____

We primarily communicate via email. Please indicate whether we may send you invoices, as well as, occasional e-mails regarding news, announcements, sports, and church activities. You may opt out at any time. We will never sell or distribute your e-mail address.

Circle one
Yes No

Other Information:

How did you learn of St. John's Summer Camp (circle one)? Referral Internet Flyer/Mailer Other
 Please provide name of Referral or explain "Other." _____

Registration Questions:

Weekly and Daily Rates Available

- Ⓒ Weekly rate is \$175 per child including one (1) non-refundable field trip fee
- Ⓒ Daily rate is \$40 per child

Please note that both first and last weeks must be prepaid with registration. In addition, each week's fees (i.e. daily rate or weekly rate) must be paid by no later than Monday of that week.

____ June 10-14 ____ June 17-21 ____ June 24-June 28
 ____ July 1-5 (\$135) ____ July 8-12 ____ July 15-19

No Camp on 7/4

____ July 22-26

I am interested in before and/or after care (circle one): Yes No

Extended Care is \$5.00 an hour. Before/After Care Hours: 6:30AM -7:45 and 2:30PM-6:00PM. (On-line billing)

Children MUST be picked up by 6:00PM. After 6:00PM, the charge is \$1.00 per minute.

Authorization of Treatment:

I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

Initials

Release Statement:

I acknowledge that there are natural hazards associated with camping and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of St. John's Lutheran School Camp Cool accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the St. John's Lutheran School, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Initials

Photo Release:

I hereby give my permission for my child's picture to be used by St. John's Lutheran School publications or video publications or video programs.

Initials

Water Activities:

I understand that the camps at St. John's Lutheran School Camp Cool include outdoor water activities. I give my permission for my child to participate in all water activities included in the camps.

Initials

Travel:

I give my permission for my child to travel in the bus/van for field trip destinations which correlate to the camp lessons. I understand that I will be informed of the field trips scheduled in advance.

Initials

Note: By initialing above, you acknowledge that you have read and agree to each item.

Release of Minors:

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the registration form unless directed by a court to do otherwise.

In addition to names already listed on this registration form, my child may be released to the following individual(s) (REMINDER: Photo Identification must be provided at time of pick up.):

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

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

Camp Cool Disciplinary Policy:

Summer camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camps. If it becomes necessary to take disciplinary action against a camper, the steps that will be followed are outlined below:

- Ⓞ 1st incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).
- Ⓞ 2nd incident: Staff will determine an appropriate consequence for the camper’s actions (examples may include a “time out” or exclusion from participating in an activity). The camper’s parent will be notified of their behavior when they arrive to pick up the child.
- Ⓞ 3rd incident: The camper will be excused from camp without a refund.

The Summer Camp Staff of St. John’s Lutheran School reserves the right to bar any child from summer camp following a first incident in cases of serious behavior problems.

Name of child’s pediatrician: _____ Phone: _____

<u>Parental Commitment</u>	
In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct. I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.	
Camper's Signature _____	Date _____
I agree to help my Child's abide by this code of conduct.	
Parent's/Guardian's Signature _____	Date _____

Submission of registration form: You may submit your registration form in any of the following ways:

- 1) Via the website at www.sjcch.com
- 2) Via e-mail to info@sjcch.com
- 3) Via fax at 708-798-4193
- 4) In person at 4231 W. 183rd Street in Country Club Hills. Office entrance is at front of school.
- 5) Via mail to 4231 W. 183rd Street Country Club Hills, IL 60478

Fee: There is a non-refundable registration fee of \$25 per child. This must be paid in order to hold a place for your child.