

Our Redeemer's Summer Fun Program

2025 Washington Avenue Seaford, NY 11783 516-781-7637
orschool@optonline.net

Summer Fun 2020 Enrollment Form

For ages 3 (by December 1, 2020 - Age 5 (or entering kindergarten).

NAME OF CHILD _____ M / F D.O.B. ___/___/___
(last) (first)

PHONE _____ E-MAIL _____

ADDRESS _____
(street) (town) (zip)

PARENT INFORMATION

Mother's Name _____ Father's Name _____
Mother's Work # _____ Father's Work # _____
Mother's Cell _____ Father's Cell _____

Enrollment is on a first-come basis. Space is limited! Enrollment form, and a \$30.00 non-refundable registration fee payable to Our Redeemer Lutheran School of Seaford must be received to hold your place. You may include full tuition payment at this time. Full tuition payment is due no later than June 1, 2020.

*No refunds for missed days, weeks or leaving the program. There is a 10% sibling discount for the second child.

Days & Hours

Tuesday, Wednesday, Thursday 9:30 a.m. - 12:00 p.m.

_____ Full Five Week Session July 7-August 6 \$525 Plus \$30 Registration Fee (\$555)

_____ Choice of Weeks \$110 per week Plus \$30 Registration Fee

_____ Week 1: "Wild Safari Camping Adventure" July 7, 8, 9,
_____ Week 2: "Exploring the Arctic" July 14, 15, 16
_____ Week 3: "Things that Go" July 21, 22, 23
_____ Week 4: "Blast off to Outer Space" July 28, 29, 30
_____ Week 5: "Under the Sea" Aug. 4, 5, 6

*Please read and complete the reverse side of this form.

*A current medical exam, record of immunizations and health history are all required prior to attending the program. After your child has been enrolled, you will receive a medical form. **Your child's physical exam is acceptable if it was done between August 9, 2019 and July 7, 2020.** Please complete the medical form and return by July 6th.

*I have read the terms of the program regarding payment, choice of weeks, refund and medical exam policy.

X _____ Date _____
Parent/Guardian Signature

***ALLERGIES** _____

EMERGENCY CONTACTS OTHER THAN PARENTS. PARENTS ARE CALLED FIRST.

1) EMERGENCY CONTACT
NAME _____ Relationship _____

HOME PHONE # _____ CELL PHONE # _____

2) EMERGENCY CONTACT NAME _____ Relationship _____

HOME PHONE # _____ CELL PHONE # _____

*I give my consent that emergency treatment be rendered at a local facility to my child in case of an injury or illness in the event that I cannot be reached. I also give permission to the emergency contact persons noted on this form and further permit them to remove my child from the school if I am unavailable.

X _____ Date _____
Parent/Guardian Signature

***Please give us a CODE WORD** _____ ***For safety reasons, in the event that you are unable to pick up your child, the teacher will only release your child to a person who gives us the code word you have provided above. ie. Apple, Puppy, Rainbow, etc.**

***Indicate permission for your child's photo to be used on the school's Facebook page or in local newspapers. No names associated with photos.**

____ Yes ____ No X _____
Parent's Signature

For office Use Only

Approved _____ Date _____ Church Windows _____

Registration Fee Paid _____ Check # _____ Cash _____

Balance Paid _____ Check # _____ Cash _____

2nd or 3rd Child Discount 10% _____