



# Our Redeemer's Summer Fun Program

2025 Washington Avenue, Seaford, NY 11783

Phone: 516-781-7637 Email: orschool@optonline.net

## Summer Fun 2021 Enrollment Form

For ages 3 (by December 1, 2021 - 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 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, 2021. \*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 13-August 12 \$600** Plus \$30 Registration Fee (**\$630**)
- Choice of Weeks \$125 per week Plus \$30 Registration Fee**
- Week 1: "Wild Safari Camping Adventure"** July 13, 14, 15
- Week 2: " Exploring the Arctic"** July 20, 21 22
- Week 3: "Things that Go"** July 27, 28, 29
- Week 4: "Blast off to Outer Space"** Aug. 3, 4, 5
- Week 5: "Under the Sea"** Aug. 10, 11, 12

**\*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, 2020 and July 13, 2021.** Please complete the medical form and return by July 12<sup>th</sup>.

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

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

**\*ALLERGIES** \_\_\_\_\_ **Epi-Pen Required?** Yes No

**EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

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

\*\*\*\*\*

**SCHOOL USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ ENTERED IN:  Docs  Brightwheel  
REGISTRATION FEE – Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash  Brightwheel  
FINAL PAYMENT – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash  Brightwheel  
Second child discount 10% - Amount \$ \_\_\_\_\_