



Our Redeemer's Summer Fun Program

2025 Washington Avenue, Seaford, NY 11783

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

Summer Fun 2022 Enrollment Form

For ages 3 (by December 1, 2022 - 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, 2022. *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 12-August 11 \$600** Plus \$30 Registration Fee **(\$630)**
- Choice of Weeks: \$125 per week Plus \$30 Registration Fee**
- Week 1: "Digging for Dinosaurs!"** July 12, 13, 14
- Week 2: "We're Going on a Buggy Picnic!"** July 19, 20, 21
- Week 3: "Fabulous Folk Tales & Fables!"** July 26, 27, 28
- Week 4: "Rockin' in Our Shoes with Pete The Cat!"** Aug. 2, 3, 4
- Week 5: "Little Scientists!"** Aug. 9, 10, 11

***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, 2021 and July 11, 2022.** Please complete the medical form & return by July 12th.

*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 \$ _____