

St. John's Lutheran School Camp Falcon 2009 Registration Form

(Please complete a separate form for each child participating, \$90 check payable to Smart Tuition due with Registration)

Participant's Name: _____ Preferred Name: _____ D.O.B: _____

Last First Middle

Current Grade ('08-'09): _____ Participant's School: _____ Program select one ne): _____
Preschool (age 3- rising Kindergarten)
 School Age (rising 1st-rising 5th)
 Leaders in Training (rising 6th-rising 8th)

Mother's Name: _____ Home #: _____ Cell #: _____ Work #: _____

Mother's Address: _____ Mother's E-Mail: _____

Father's Name: _____ Home #: _____ Cell #: _____ Work #: _____

Father's Address: _____ Father's E-Mail: _____

Are there any normal summer camp activities that your child is not able to participate in? _____ If yes, Please explain: _____

I give St. John's Camp Falcon staff permission to apply sunscreen on my child. I understand that I must provide my child's sunscreen: _____ **(initial)**

If no, how would you like us to protect your child from sun exposure? _____

List any fears, unique behavior, etc. you child may have: _____

Allergies: _____ Medical Conditions: _____ Maintenance Medication: _____

Physician's Name & Phone #: _____ Insurance Carrier: _____

Policy # _____ Group # _____ Name policy is under: _____ Preferred Hospital: _____
(in life-threatening emergency, child will utilize nearest hospital)

Emergency Contacts if parent(s) above is/are unreachable: _____

Name home # cell #

Name home # cell #

In the unlikely event of a medical emergency, I give permission to St. John's Camp Falcon staff to administer 1st aid/CPR if needed. I understand that all staff are 1st aid and CPR certified. I also give permission to St. John's Camp Falcon staff to obtain medical treatment in the event on an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency. _____ **(initial)**

List those to whom your child may be released (photo id will be required):

- | | |
|-----------------------------|-----------------------------|
| 1. _____ | 2. _____ |
| Name relationship phone #'s | Name relationship phone #'s |
| 3. _____ | 4. _____ |
| Name relationship phone #'s | Name relationship phone #'s |

Camp Falcon General Permission for Field Trips Off Site/Outdoor & Playground Release

I give St. John's Lutheran School's Camp Falcon permission to take my child, _____, on any and all field trips that will be held on and off school grounds during the summer. I understand that my child could be transported by church/school vans, a rental van and/or personal vehicles and that my child is required to be in an approved child's car/booster seat if they are not 8 years of age or at minimum 80 lbs. I understand that I must provide a car/booster seat when needed, labeled with my child's name. I also give St. John's Lutheran School's Camp Falcon permission to take my child, _____, outside the school building to take walks on St. John's property, play on the blacktop/parking lot behind the building, and to go to and from the playground and the gym. _____ **(initial)**

Photo Release

(Please select how you would like photos of your child used by Camp Falcon and St. John's Lutheran School):

_____ Classroom display, crafts projects and/or the school yearbook. _____ Marketing purposes through flyers, brochures, and on the website _____ Media purposes (newspapers, news stations, etc.)
 _____ I DO NOT want my child photographed for any reason. _____ **(initial)**

Swim/Pool Use

(Please read & discuss the following rules with your child):

1. Shower before entering the pool 2. No running on deck 3. No diving from the sides of the pool 4. One diver on the diving board 5. No double springs on the diving board 6. No pets allowed in the pool 7. No glass containers on deck 8. No smoking on the deck or in the bath house 9. Only children 6 & under with parents in the wading pool area 10. Persons with open sores or communicable diseases are not permitted in the pool 11. Appropriate swim wear required. No cutt-off shorts in the pool 12. **Lifeguards are at the pool for your protection. Please follow their instructions**

My Child: _____DOES know how to swim _____DOES NOT know how to swim _____My child may use the diving board _____My child may go in the deep end

_____ **(Initial)**

Please select payment option

(Weekly Enrollment Forms are located on St. John's website at www.stjohnsws.org under the school pages link, Camp Falcon link)

_____ **Whole Summer Option** (no weekly enrollment forms needed. Once selected no changes or refunds will be given)

_____ **Weekly Option** (Please select weeks if known; otherwise, complete weekly enrollment forms. Once selected no changes or refunds will be given)

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____ Week 6 _____ Week 7 _____ Week 8 _____ Week 9 _____ Week 10 _____

_____ **Daily Option** (Please complete weekly enrollment forms on or before the preceding Wednesday)

_____ **(initial)**

Please Read the following statements carefully and sign below.

*I have reviewed a copy of the summary of the NC Child Care Law for Child Care Centers on St. John's website. *I have read and understood the Camp Falcon Handbook, including discipline policies, on the St. John's website, and I agree to follow the practices and policies of Camp Falcon. *I understand that a Physician signed medical form & current immunization record are required * I understand that \$90.00 registration fee per child payable to "Smart Tuition" is due with this registration form. * I understand that dates are only guaranteed depending on availability and with pre-payment or auto-draft/auto credit card billing selection. *I understand that no credits, refunds or switching days/weeks will be allowed. *I understand that I must provide daily lunch and that my child must have a water bottle with attached lid each day.

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

St. John's Lutheran Church & School * 2415 Silas Creek Pkwy., Winston Salem, NC 27103* Phone: 336-725-1651 ext. 402 * Fax: 336-725-1603 * blovejjoy@stjohnsws.org

www.stjohnsws.org

School Office Use: Date received: _____ / _____ / _____ Reg. Pd.: _____ Smart Tuition Complete: _____ Fast Direct Complete: _____ Initial: _____