



# St. Paul Westlake

Christ-Centered • Compassionate • Cutting-Edge

Christian School 3-year-old through 8th Grade

## Summer Program 2022 Registration Form

Please check the program to which you are enrolling your student:

- Summer Care Program: 3 year old (fully potty trained) - entering Kindergarten
- Summer Camp Program: Entering 1<sup>st</sup> Grade – 8<sup>th</sup> Grade

Child's Last Name:	_____	First:	_____	Male	_____	Female	_____
Name to be called:	_____	Birthdate:	____/____/____				
Address:	_____	Phone:	_____				
City:	_____	State:	_____	Zip Code:	_____		
Grade in Fall	_____	Email Address	_____				
Church Membership? (Y/N)	_____	If yes, church name	_____				

<b>Father :</b>	_____		
Address (if different than above):	_____	Work Phone:	_____
Other Contact Numbers	_____		

<b>Mother:</b>	_____		
Address if different than above:	_____	Work Phone:	_____
Other Contact Numbers	_____		

A non-refundable \$200 deposit (\$360 for 2 children) must accompany this registration to reserve your child's spot in the program. This will be applied towards the 1<sup>st</sup> week fee of the summer program.



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## ST. PAUL LUTHERAN SUMMER PROGRAM EMERGENCY AUTHORIZATION FORM 2022

Child Name: \_\_\_\_\_ Grade (22-23): \_\_\_\_\_

Please provide a phone number where a parent or guardian can be reached during camp hours. Please list the primary phone number to reach in case of emergency first. Then list (if applicable) a secondary phone number.

### Primary Parent / Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ N/A \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Allowed to Pickup? Y N

### Secondary Parent / Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ N/A \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Allowed to Pickup? Y N

### Other Emergency Contact (if applicable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ N/A \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Allowed to Pickup? Y N

**HEALTH INFORMATION – please provide information (allergies, physical conditions, medications, etc.) that would be important for Summer Program Staff to know about your child.**

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**MEDICAL CONTACTS – please complete contact information for your child.**

Preferred Physician	Phone #
Preferred Dentist	Phone #
Preferred Hospital**	Location

\*\*In the event of an emergency, your child will be transported to the nearest hospital

**MEDICAL RELEASE / CONSENT FOR TREATMENT / HOLD HARMLESS INFORMATION**

In case of emergency in which the school needs to contact a parent or legal guardian of the child, St. Paul Westlake Summer Program staff will attempt to contact the emergency contact(s) in the order listed on registration and emergency authorization documents through the information provided.

In the event an emergency contact is unavailable to be reached, I grant the St. Paul Westlake Summer Program staff, volunteers, or administrators to arrange for appropriate medical care for my student including, but not limited to, emergency medical transportation. I give permission for the transfer of my child to a hospital without prior notification if, as determined by St. Paul Westlake Summer program staff, it is necessary for the overall safety, well-being and/or health of my child to make such a determination before parental contact is made. I give my consent for any treatment deemed necessary by the above listed physician or dentist or by another licensed physician or dentist in the event the preferred practitioner is not available. I further consent to the authorization of major surgery if, in the professional, concurring opinions of two licensed physicians or dentists, such surgery is medically necessary.

I will not hold the school, or any member of the school community, financially responsible for any fees or charges arising from emergency care or transportation of said child.

I agree to release, hold harmless, and indemnify St. Paul Lutheran School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries or illnesses to my child which are not the result of gross negligence or willful misconduct by the school, or its agents, representatives, or employees acting within the scope of their employment. I acknowledge that this release, hold harmless, and indemnity provision bars any claim for ordinary negligence by the school or its employees acting within the scope of their employment.

Print Name of Parent / Legal Guardian: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Summer Camp Field Trip Permission Slip

## Grades 1<sup>st</sup> – 8<sup>th</sup> Only

Part of the St. Paul Westlake Summer Program is the incorporation of local field trips for students in the Summer Camp (1<sup>st</sup>-6<sup>th</sup> grade) program. A local field trip is one that travels no further than 50 miles from the campus of St. Paul Westlake. Our field trips may include, but are not limited to: Local recreation centers, swimming pools / aquatic facilities, parks, beaches, shopping malls, movie theaters, bowling alleys, arcades, yard sales, restaurants, stores, shops, markets, and other public places of recreation or business. These field trips are supervised by Summer Program staff and, when needed, parent chaperones. The costs of these field trip experiences are covered through the Summer Program fees but your child may bring additional money at the discretion of the parent/legal guardian.

As a convenience to our Summer Camp families, we extend this permission slip that will suffice for all planned local field trips that are coordinated by the St. Paul Westlake Summer Program staff.

By signing this permission slip, I, as parent/legal guardian, for the child named below grant permission for my student to attend any local field trip organized by the St. Paul Westlake Summer Program staff. Unless other arrangements are made prior to the field trip, I give permission for my student to travel to and from campus through the transportation arranged and/or provided by program staff. This transportation may include, but is not limited to, parent volunteer drivers, public transportation (RTA Rapid or Bus), school bus, teacher vehicles, school rented vehicles, or private bus company.

Acting on behalf of myself and my child, I hereby waive any and all claims for damages of any kind against St. Paul Westlake Summer Program staff, volunteers, or administrators and further agree to indemnify and hold harmless the St. Paul Westlake Summer Program staff, and their officers, employees, and agents from and against any loss, claim, damage, or liabilities arising out of or related to my child's participation in field trip activities (including transportation of my child to and from field trips), the conduct of my child during such field trip activities, or any medical emergencies involving my child that arise during such field trip activities. In the event of a medical emergency involving my child during field trip activities, I hereby authorize the St. Paul Westlake Summer Program staff, volunteers, or administrators to administer any reasonable and necessary first aid and to seek emergency medical treatment, understanding that St. Paul Westlake Summer Program staff, volunteers, or administrators will contact me or a designated emergency contact as soon as practicable. I understand that St. Paul Westlake Summer Program staff, volunteers, or administrators will be responsible for any costs, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform Summer Program staff of any special medical issues my child might have.

I understand that my son/daughter is expected to obey the instructions of the St. Paul Westlake Summer Program staff, volunteers, or administrators as well as any person in authority at the location of the field trip. Should my child not follow rules, regulations, and instructions of staff, they may be restricted from participation in field trip opportunities.

Name of Child: \_\_\_\_\_

Print Name of Parent / Legal Guardian: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## 2022 SUMMER PROGRAM ANTICIPATED USE SCHEDULE & FEES

Please identify with (X) the weeks that your child will be attending summer camp. This information will assist us in being good stewards with staffing and confirmation of field trip attendance. If there are any changes to the schedule, please notify Jennifer Becker as soon as possible.

Name of Child \_\_\_\_\_

_____ June 7-10	_____ June 27-July 1	_____ July 18-22
_____ June 13-17	_____ July 5-8 (Camp closed 7/4)	_____ July 25-29
_____ June 20-24	_____ July 11-15	_____ Aug 1-5

### SUMMER PROGRAM FEES INFORMATION

1 Child per week	\$200 (\$40/day)	Drop-off is at 7:00am / Pickup is by 6:00pm
2 Children per week	\$360 (\$36/day)	A late pickup fee of \$5 is assessed up to 6:05pm
3 Children per week	\$450 (\$32/day)	and then charged at a rate of \$1/min. after 6:05pm.

Full payment is due, per child, at the beginning of the week. Make checks payable to St. Paul Westlake.

- Registration for camp opens April 11th, 2022 and closes when camp is full. Camp registration is on a first-come, first-served basis and preference is given to students who commits to full-week attendance.
- Registration is complete when all forms, plus the first week \$200 fee per student deposit is received by the summer program staff.

I understand and agree to the summer program fees and payment requirements:

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## 2022 SUMMER PROGRAM INFORMATION

- The St. Paul Westlake Summer Program takes place on campus of St. Paul Westlake Church & School, 27981 Detroit Road, Westlake, Ohio 44145. The Pickup and Dropoff location is at the school front entrance.
- Children need to have each day:
  - Packed Lunch
  - 2 snacks
  - Juice and/or water bottles (NO POP!)
  - Comfortable shoes suitable for walking & running
  - A READING book that will occupy 20 minutes of daily free reading (1<sup>st</sup>-8<sup>th</sup> Grade only)
- Summer Care participants (3 yrs. – 5 yrs.) will have a daily quiet time / rest time.
- Children should dress in casual/comfortable clothes appropriate for the weather. Clothing with offensive or inappropriate slogans, logos, or designs are NOT permitted.
- For field trip days, booster seats for 1<sup>st</sup> or 2<sup>nd</sup> grade students who need them should also be dropped off in the morning and may be picked up at the end of the day (**Field Trips still tbd**).
- Newsletters will be handed out/emailed on Fridays.

We are truly looking forward to another great summer with your children!

Serving Him who loves us,

Jennifer Becker  
Summer Camp Director