



Resurrection  
Lutheran School

Summer Care 2020  
Preschool (3 - 5 yrs) & ESCAPE (5 - 12yrs)

**REGISTRATION FORM**

**Summer 2020**

*Please note: This registration form must be filled out and submitted to the office.  
4520 19<sup>th</sup> Avenue NW, Rochester, MN 55901*

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Name of Emergency Contact other than Parent or Guardian*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**DROP-OFF & PICK-UP PERMISSIONS:**

*Please list the people who have permission to pick up your child(ren). Please include yourself.*

Name

Driver's License Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**STUDENT(S) INFORMATION:**

Name	Age	Grade Next Year	Please indicate any allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SUMMER CARE SERVICES:** *Please indicate the type of service you are signing up for:*

**FULL TIME** (5 days a week; Morning and Afternoon)

**PART TIME**

Please select from list below:

Mondays:       Mornings     Afternoon     Full Day

Tuesdays:       Mornings     Afternoon     Full Day

Wednesdays:     Mornings     Afternoon     Full Day

Thursdays:      Mornings     Afternoon     Full Day

Fridays:             Mornings     Afternoon     Full Day

**Drop In**

**BILLING:** *Billing will be done on a Monthly basis*



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**PERMISSION FORM:**  
**Summer 2020**

I have read, understand, and agree to the procedures established by Resurrection Lutheran School & Preschool Summer Care Program as stated in the Registration Information. I agree to have my children participate in the Resurrection Lutheran School & Preschool Summer Care program.

\_\_\_\_\_ I have included my non-refundable registration fee of \$25.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_\_ Registration Fee Received      Check Number \_\_\_\_\_



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**MEDICINE ADMINISTRATION FORM**  
**Summer 2020**

I request that my child receive medication as prescribed in the form below. All medication must be kept with the supervisor. I understand that personnel are rendering a service and will administer the medication in accordance with instructions. Resurrection Lutheran School & Preschool Summer Care program assumes no further responsibility.

**We cannot accept a form to administer pain reliever as needed. If your child needs pain reliever, you will be contacted to provide some for your child.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Treatment for: \_\_\_\_\_

Specific time to be given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Length of time to be administered: \_\_\_\_\_

Possible side effects or reactions: \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/guardian)

**PHONE INFORMATION**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_



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**FIELD TRIP NOTIFICATION AND CONSENT FORM**  
**SUMMER 2020**

Dear Parents:

Field trips to various places maybe scheduled throughout the summer. We will have one consent form for these trips. **This permission form will cover all those field trips and special activities.** Field trips will be announced on the weekly schedule that comes home, or in a special note.

**IN ORDER FOR YOUR CHILD TO GO ON THE FIELD TRIP YOU MUST COMPLETE THE PARENT CONSENT FORM AT THE BOTTOM OF THIS SHEET.**

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**PARENT CONSENT FORM - FIELD TRIP**

\_\_\_\_\_ Yes, \_\_\_\_\_ has my permission to go on the field trips and special activities throughout their time at the summer car program.

\_\_\_\_\_ No, \_\_\_\_\_ may not go on the field trips.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## **ILLNESS/EMERGENCIES FORM** **Summer 2020**

If a child becomes ill or is injured during the summer care program, their parents will be contacted. If a parent cannot be reached, emergency numbers given by the parents will be used.

The summer care program requires that each child have emergency contact information on file. In addition to listing contact information for parents or guardians, this form asks for information on other people who may be contacted in an emergency situation when the parents or guardians are not available.

Any injuries to children will be documented. Copies of the documentation will be given to parents and placed in the child's file.

***If deemed necessary, your child will be sent to your family doctor or emergency room at your expense. As a parent/guardian I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Resurrection Lutheran School & Preschool, Rochester, MN personnel to promote the health and safety of my child.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_