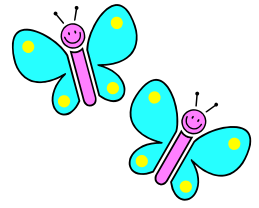




Summer Enrichment Program Registration Form

FAITH LUTHERAN SCHOOL

3925 E. 5th Street, Tucson, AZ. 85711
520-881-0670



Child's name: _____

Date of enrollment: _____

Street Address: _____

Date of Birth: _____ Sex: _____

City & State: _____

Grade going into in the fall _____

Zip code: _____ Home phone: _____

Program needed: Full time _____ Part time _____

Mother or Guardian:

Name: _____

Home address: _____

_____ City State Zip

Home/Cell phone: _____ Work phone: _____

Email address: _____

Signature: _____

Father or Guardian:

Name: _____

Home address: _____

_____ City State Zip

Home/Cell phone: _____ Work phone: _____

Email address: _____

Signature: _____

If Medical Care is Necessary, Call:

Doctor: Name: _____

Address: _____ Phone: _____

Hospital: Name: _____

Address: _____ Phone: _____

In case of injury or sudden illness, _____ will be called. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

The following person(s) may **NOT** remove my child from the facility:

Name: _____

Name: _____

Custody papers have been provided and are on file at the facility. _____ YES _____ NO

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name: _____

Signature: _____

Date: _____

Immunization Information

Please Check One of the options and ATTACH appropriate immunization form (must have in order to enroll).

- Copy of current official documented immunization record attached
 Religious Belief's exemption form signed by parent/guardian attached
 Medical Exemption form signed by physician and parent/guardian attached
 Signed Laboratory Proof of Immunity form attached



Notification of immunizations needed sent to Parent(s) or Guardian(s): _/_/_ _/_/_ _/_/_

Update immunizations received and attached _/_/_ _/_/_ _/_/_

Medical Information

Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

Is child usually susceptible to infections and if so, what precautions need to be taken? _____

Is child subject to convulsions and what should be our procedure if one occurs? _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? _____

Additional comments: _____

Other special instructions: _____

WEEK	ATTENDING? Yes / No	WEEK	ATTENDING? Yes / No
May 31 – June 3	Yes or No	June 27-July1	Yes or No
June 6-10	Yes or No	July 5-8	Yes or No
June 13-17	Yes or No	July 11-15	Yes or No
June 20-24	Yes or No	July 18-22	Yes or No

