

FOR OFFICE USE ONLY:  
CLASS CODE: \_\_\_\_\_

START DATE: \_\_\_\_\_  
CLASSROOM TEACHER: \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_  
ID#: \_\_\_\_\_



**CAMP ADVENTure EARLY CHILDHOOD  
SUMMER CAMP 2019**



<b>Week One</b> 5/28 - 5/31/19 <b>4 days</b>	<b>Week two</b> 6/3 - 6/7/19	<b>Week Three</b> 6/10 - 6/14/19	<b>Week Four</b> 6/17 - 6/21/19	<b>Week Five</b> 6/24 - 6/28/19	
<b>Week Six</b> 7/1 - 7/3/19 <b>3 days</b>	<b>Week Seven</b> 7/8 - 7/12/19	<b>Week Eight</b> 7/15 - 7/19	<b>Week Nine</b> 7/22 - 7/26/19	<b>Week Ten</b> 7/29 - 8/2/19	

**STUDENT'S LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**NICKNAME NAME:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME TELEPHONE:** ( ) \_\_\_\_\_ **LAST 4 DIGITS OF SS#** \_\_\_\_\_

**\*\*\*PARENT PRIMARY E-MAIL ADDRESS TO RECEIVE SCHOOL NOTICES:**

**FATHER' S NAME:** \_\_\_\_\_ **MOTHER'S NAME:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_ **Occupation/Employer:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**WK Phone:**( ) \_\_\_\_\_ **WK Phone:**( ) \_\_\_\_\_

**Cell/Mobile:**( ) \_\_\_\_\_ **Cell/Mobile:**( ) \_\_\_\_\_

**STUDENT LIVING WITH:** Both parents-same household ( ) Both parents-shared custody/separate households ( )  
**Mother only** ( ) **Father only** ( ) **Other (please specify)** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE And PICK UP - Person(s) to notify in an emergency if parents cannot be reached:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Telephone/Cell:**( ) \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Telephone:**( ) \_\_\_\_\_

**Health Information:** List any health problems: seizures, allergies, medication and/or restricted activities due to health problems:  
\_\_\_\_\_

**Sibling names, birth date and school attending.**  
\_\_\_\_\_

**Referred to this school by: (circle all that apply)** **Friend** **Relative** **Other**

**Previous schooling experience - where/when: (if not Advent)**  
\_\_\_\_\_

**If your child does not speak English, what language?** \_\_\_\_\_ **Does your child understand English? (Y) (N)** \_\_\_\_\_

**AUTHORIZATION FOR PICK-UP (Other than listed above)**

<b>Name</b>	<b>Relationship to Student</b>	<b>Local Phone Number</b>	
		<b>Home #</b>	<b>Cell#</b>
		<b>Home #</b>	<b>Cell#</b>
		<b>Home #</b>	<b>Cell#</b>
		<b>Home #</b>	<b>Cell#</b>
		<b>Home #</b>	<b>Cell#</b>

**Church Information**

Active Member of Advent Lutheran Church: Yes \_\_\_ No \_\_\_

Are you active at any local Church? Yes \_\_\_ No \_\_\_

Name of Church and Pastor \_\_\_\_\_

Has your child been baptized? Yes \_\_\_ No \_\_\_

**Insurance Information**

Student's Health Insurance Coverage: \_\_\_\_\_

Insurance Co. & Policy# \_\_\_\_\_

**Person Responsible for Payment**

(only this person will be the financial contact for this student)

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Address: (if not listed on form) \_\_\_\_\_

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

Student Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Bank Payment Withdrawal Authorization**

I (We) hereby authorize Advent Lutheran School to initiate automatic deductions from my (our) bank account and adjust entries to my (our) account at the financial institution listed below for my session payments.

Financial Institution Name \_\_\_\_\_ Student Name \_\_\_\_\_

Routing and Transfer Number (bottom of check-first 9 digit number): \_\_\_\_\_

Account Number (bottom of check): \_\_\_\_\_ Account Type: \_\_\_\_\_

**\*\*Amount of Payment One \$ \_\_\_\_\_ on 6/3/19 ( \_\_\_ WEEKS)**

**\*\*Amount of Payment Two \$ \_\_\_\_\_ on 6/24/19 ( \_\_\_ WEEKS)**

**\*\*Amount of Payment Three \$ \_\_\_\_\_ on 7/15/19 ( \_\_\_ WEEKS)**

- Payment withdrawal dates: 6/3/19, 6/24/19 and 7/15/19. This authority is to remain in full force and effect as indicated above for 2019 summer camp unless Advent Lutheran School receives written notification of its termination.
- Security Fees of \$15.00 will be Auto Debited with tuition on 6/3 and 7/15.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Attach an unsigned voided check from the financial institution account listed above.**

**COURT ORDER INFORMATION: EVERYONE MUST ANSWER QUESTIONS BELOW**

- Is there a Court Order barring either parent from removing the student from school? ( ) Yes ( ) No. If yes, provide Advent ECS with a copy of the applicable Court Order.
- Do parents have **shared (or joint) parental rights and responsibility**? ( ) Yes ( ) No. If no, provide Advent ECS with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.
- Does either parent have **final decision making authority regarding education decisions for the student**? ( ) Yes ( ) No. If yes, provide Advent ECS with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.
- Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order** ( ) Yes ( ) No. If yes, provide Advent ECS with a copy of the applicable Court Order.

**PHOTO RELEASE AUTHORIZATION**

Occasionally, during summer camp, photos are taken of the students on campus and may be published in a variety of formats which may include a newsletter, mailing brochure, facebook, classroom projects, school website, (<http://www.adventlutheralschool.org>), on DVD, or a press release in a local newspaper.

( ) I give my permission to Advent Lutheran Ministries to publish my child's picture for any of the above listed uses.

( ) I DO NOT give permission for Advent Lutheran Ministries to publish my child's picture for any uses.

( ) I give my permission to Advent Lutheran Ministries to publish my child's picture in only (please circle below)

school newsletter   brochures   website   Facebook   DVD's   classroom projects   Advent Ministry programs   Press release

**\*\*\*\*\*Have been informed that at major events (Family Fun Days/Nights and special event Wednesday) photos/videos will be taken and placed on our Facebook page.\*\*\*\*\***

**INFORMATION REQUIRED BY PALM BEACH COUNTY HEALTH DEPARTMENT**  
**Please read the following information and sign as indicated**

**DISCIPLINE PRACTICES**

At Advent Lutheran School, Early Childhood Division, we use discipline to establish authority, direction and guidance for the purpose of setting behavioral patterns that show respect, consideration, kindness and encourage personal responsibility. When these patterns are not followed, there are natural consequences. We do not use corporal punishment, belittlement or purposeless tasks as consequences. Age appropriate time away from particular activities or groups is generally used. If unacceptable behavior is harmful to other students, procedures other than those stated below may be necessary, with parental knowledge.

1. Communication with student - Teacher/student classroom discussions of discipline policies and resulting consequences for unacceptable behavior.
2. Unacceptable behavior - removal from the group or activity for a short period of time.
3. Continued unacceptable behavior - child's parent(s) are notified and parent(s), teacher and Administration work together to change behavioral pattern.
4. No change, continued unacceptable behavior - Advent Lutheran School, Early Childhood School Division, reserves the right to require time at home, dismiss the student or to require a psychological evaluation by a state licensed psychologist or agency.
5. Infants/Toddlers will be encouraged to learn acceptable behavior in a developmentally appropriate manner. Behavior that is harmful to others students will be dealt with on an individual basis.
6. Students will be dismissed for continued hurtful behavior.

1. ARTICLE XV,B,7, PBC Rules require that parents must receive a copy of the **Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.**
2. ARTICLE IV,C,5,PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII,B,1,PBC Rules requires that parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached.
4. ARTICLE XII,B,PBC Rules require the parent and the center complete an ALTERNATE NUTRITION PLAN AGREEMENT if the meals or snacks are furnished by the child's parent.
5. Received a copy of the **INFLUENZA VIRUS "The Flu" A Guide for Parents**
6. Received a copy of Palm Beach County Health Department **Getting In; Getting Out**

PARENT SIGNATURE \_\_\_\_\_ and DATE: \_\_\_\_\_

**ALTERNATE NUTRITION PLAN AGREEMENT**

Indicate Special Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

(Mark P for Parent Provides, or C for Center Provides)

<u>  P  </u>	<u> P/C </u>	<u>  P  </u>	<u> P/C </u>	<u>  P  </u>	<u>  P  </u>	<u>  P  </u>
Breakfast	AM Snack	Noon Meal	PM Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems that might develop in the use of the Alternate Nutrition Plan.

2/18/19  
Date

\_\_\_\_\_  
Signature of Owner/Operator

\*\*\*

\_\_\_\_\_  
**Signature of Parent or Guardian (Indicates this document was read.)**

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

## SCHOOL POLICY AGREEMENT

I, the undersigned:

- \* Have been informed that I may discuss any established policies and procedures with the Administrative Principal prior to the signing of this document.
- \* Have been informed that I may inspect facilities, programs and staff any time during operational hours.
- \* Give permission to Advent Lutheran School to call 911 and send my child by emergency personnel to a local hospital in the event of an emergency. At no time will school personnel transport a child to the hospital.
- \* Give permission to Advent Lutheran School for my child to participate in activities anywhere on the property of Advent Lutheran Church.
- \* Have been informed that the **registration fee, supply fee and auto debited fees are non-refundable.**
- \* Payments cease only upon completion of the withdrawal form, available in the school offices.
- \* Have been informed that payments are made by automatic withdrawal on the 6/3/19, 6/24/19 and 7/15/19.
- \* Have been informed that payments received will first be credited to outstanding balances owed on any of Advent's fee-based programs. Credits will be issued when there are no outstanding balances.
- \* Have been informed that any returned direct withdrawals or checks will incur a \$30.00 fee per item. Checks and auto debit will be processed a second time.
- \* Understand that continued for attendance, re-enrollment, and school information all outstanding fees must be paid (applies to all Advent ministries).
- \* Have been informed that a late fee will be charged if my child is picked up after the scheduled pick up time. The fee is \$10.00 for any portion of the first 15 minutes and \$1.00 per minute thereafter (pick-up person's signature required). Excessive lateness may result in withdrawal from school.
- \* Accept responsibility for obtaining and familiarizing myself with all Advent Lutheran School information / literature.
- \* Understand that it is School policy to continually evaluate students for proper placement developmentally, socially, behaviorally and academically and authorize Advent Lutheran School to use any tests and/or visual observation tools/equipment needed for this evaluation.
- \* Understand that there is a "go home" policy for biting and other hurtful behavior. Continued toileting episodes on the Preschool and Pre-K level may result in a period at home to complete training.
- \* Understand that continued attendance and re-enrollment will be denied if it is determined that a student will not have a successful school experience at Advent Lutheran School.
- \* Authorize Advent Lutheran School staff to keep daily attendance records.
- \* Understand it is my responsibility to sign my child(ren) in and out in the classroom and accept the responsibility for recording my child(ren)'s attendance by use of the electronic time clock.
- \* Have been informed that the time and activities of employees other than their specific assigned responsibilities at Advent Lutheran School is considered personal "away from work" time and is not authorized, endorsed or the responsibility of the School or Church.
- \* Have been informed that the Administration reserves the right to change any policy, procedure or practice without notice at any time.
- \* Accept responsibility for conduct, behavior, dress, and language for myself and anyone at this school in my place, and accept that it is to be consistent with the Christian atmosphere and environment of this school.
- \* Have been informed that animals/pets are not allowed on any of Advent Lutheran Church/School property.
- \* Have been informed that Advent Lutheran Church/School property is a "**Smoke Free Campus**".
- \* Accept full responsibility for the direct supervision of any and all children in my care while on Advent property or in Advent facilities. Accept the responsibility of informing anyone caring for my child(ren) on Advent property or in Advent facilities of this responsibility.
- \* Advent Lutheran School enrolls and does not discriminate against students of any race, color, national and ethnic origin.
- \* Have been informed that Advent Lutheran School's classes and programs are open to all students.
- \* Have been informed that of the \$15.00 per month security fee.

\*\*\*Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### ADVENT EARLY CHILDHOOD SUMMER CAMP SUNSCREEN AUTHORIZATION FORM

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

**I give Advent Lutheran Early Childhood Summer Camp authorization to apply sunscreen on my child throughout the day. I will provide the sunscreen, label it with my child's name and give it to the Summer Camp teacher.**

**I understand it is my responsibility to apply sunscreen to my child before he/she attends camp each day.**

**Child's Name:** \_\_\_\_\_ (please print)

**Parent's Name:** \_\_\_\_\_ (please print)

2/18/19



# SUMMER

# May 28 – Aug 2

**Fees: PS-Pre K**  
**Non Refundable Registration Fee** \$150  
**Supply Fee** \$ 50

Days	Hours	Weekly Fees
Five days	7:30-5:30	\$247
Five days	7:30-3:00	\$185
Five days	7:30-12:30	\$154
Three days	7:30-5:30	\$180
Three days	7:30-3:00	\$139
Three days	7:30-12:30	\$ 93
Two days	7:30-5:30	\$124
Two days	7:30-3:00	\$ 93
Two days	7:30-12:30	\$ 67

**Fees: Tot Time**  
**Non Refundable Registration Fee** \$150  
**Supply Fee** \$ 50

Days	Hours	Weekly Fees
Five days	7:30-5:30	\$247
Five days	7:30-3:00	\$185
Five days	7:30-12:30	\$154
Three days	7:30-5:30	\$180
Three days	7:30-3:00	\$139
Three days	7:30-12:30	\$ 93
Two days	7:30-5:30	\$124
Two days	7:30-3:00	\$ 93
Two days	7:30-12:30	\$ 67

**Fees: PS-Pre K**  
**Single Week Rate- Includes Registration Fee, Supply Fee & Security Fee**

DAYS	HOURS	WEEKLY FEES
Five days	7:30-5:30	\$286
Five days	7:30-3:00	\$224
Five days	7:30-12:30	\$193
Three days	7:30-5:30	\$219
Three days	7:30-3:00	\$178
Three days	7:30-12:30	\$132
Two days	7:30-5:30	\$163
Two days	7:30-3:00	\$132
Two days	7:30-12:30	\$106

**Fees: Tot Time**  
**Single Week Rate- Includes Registration Fee, Supply Fee & Security Fee**

DAYS	HOURS	WEEKLY FEES
Five days	7:30-5:30	\$286
Five days	7:30-3:00	\$224
Five days	7:30-12:30	\$193
Three days	7:30-5:30	\$219
Three days	7:30-3:00	\$178
Three days	7:30-12:30	\$132
Two days	7:30-5:30	\$163
Two days	7:30-3:00	\$132
Two days	7:30-12:30	\$106

**Please read new payment policies!**



**10 Week Full Time Fee**  
**May 28- August 5, 2018**  
**\$2,470**

**Fees for Additional Day/Hours:**

	Currently Enrolled	Single Day
7:30-12:30	\$36	\$42
7:30-3:00	\$48	\$57
7:30-5:30	\$62	\$77

- ECS Summer Camp Registration form, Registration Fee and supply Fee are due by Wed., 5/22/19.
- \*\*\*3 Auto debit payments processed on: 6/3/19 (weeks 1-3), 6/24/19 (weeks 4-6) and 7/15/19 (weeks 7-10).
- Auto debited Accounts—Security Fee of \$15.00 will be auto debited on 6/3/19 and 7/15/19.
- All weekly Camp payments are due on/or before THURSDAY prior to Camp. If payment is not received by THURSDAY, a 5.00 fee will be added to the following week. Weekly tuition payments can be made by cash, check, or credit card.
- Returned checks are subject to a \$30 administrative fee.
- Weekly Payments: Credits cannot be rolled over into following weeks.
- Weekly payments—Security Fee of \$15.00 will be due with summer weekly payments on 5/30/19 & 7/3/19.
- New students to ECS will also need Birth Certificate, SS#, and 2 Medical forms (3040 & 680).