



Child Care Rate: _____ Full Time
(Check One) _____ Hourly
_____ ½ Day

Registration/Activity Fee _____
\$110.00 2 yr. olds-K Rec'd _____
\$135.00 1st-7th Rec'd _____
Physical on File _____

GLORIA DEI LUTHERAN SCHOOL - 2021 SUMMER ADVENTURES

Tee Shirt Size (circle one): Youth - S M L or Adult - S M L XL Grade Entering: _____

*Child's Name _____ Nickname _____
last first middle

Child's Home Address: _____
and street name city state zip

Home Phone Number _____ Birth Date: Month: _____ Day: _____ Year: _____

Male/Female School Attended 20/21 _____

* Father's Name _____ Title/Rank _____

Father's Home Address: _____
and street name city state zip

Father's Place of Employment: _____

Father's Work Address: _____
and street name city state zip

E-mail: _____ ☐ Primary Contact

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____ ***Please circle primary phone number**

Social Security Number _____ - _____ - _____ Occupation _____

* Mother's Name _____ Title/Rank _____

Mother's Home Address: _____
and street name city state zip

Mother's Place of Employment: _____

Mother's Work Address: _____
and street name city state zip

E-mail: _____ ☐ Primary Contact

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Social Security Number _____ - _____ - _____ Occupation _____

Please circle one: 1) Married 2) Divorced 3) Separated 4) Single 5) Widow(er)

Parent/Guardian with Legal Custody _____

Church/Denominational Preference _____ Church Membership _____

Ages of Brothers _____ Ages of Sisters _____

I hereby make application for the attendance of my child in Gloria Dei Lutheran School's summer child care program. I understand that the Registration Fee is to accompany this application and is not refundable. I realize that upon registration of my child, I am obligated to pay fees from the date of admission, on a monthly basis, until I no longer need this service. I understand it is my responsibility to give the school written notification for requests to change billing status, or to withdraw my child from the child care program.

(OVER)

Payment is due by the 15th of each month and is considered delinquent if not received by 5:00 p.m. on the 20th of each month or the last working day prior to the 20th. A \$10.00 late fee, per child, will be assessed on payments received after the 20th of the month. Payments not received by the end of the month will result in my child not being able to return to child care until the account is current. All payments must be made by check, money order, or credit card. (**NO** Cash)

Child care ends at 6:00 p.m. If a child is picked up beyond 6:00 p.m. from child care, the student's account will be charged a \$3.00 per minute per child late fee. I understand that Gloria Dei Lutheran School will assess a \$35.00 service charge on all returned checks. Accounts turned over for collection will be assessed legal fees and interest per state law.

There will be no pro-rating of child care due to sickness, holidays, vacations, absences or withdrawals.

Parent/Guardian

Date

Parent/Guardian

Date

Are you willing for the following information to be released to other Gloria Dei parents on request (for birthday party invitations, etc.)?

Your address: Yes ____ No ____ Your phone #: Yes ____ No ____

Does your child have any medication, food or environmental allergies, or pre-existing medical conditions? If so, what?

Does your child have any unusual habits, fears or attachments? If so, what?

Actions to take in an emergency: _____

Signature _____

NOTE: If you have legal custody of this child, a copy of the Court Order must be filed in the child's school records to protect the school when refusing to release the child to a parent.

Per Court Order on file, the following is/are **not** authorized to pick up this child:

NOTE: All students new to Gloria Dei's Child Care Program **MUST** have a current physical form on file **prior** to the first day of attendance.

FIELD TRIP CONSENT: We require that you give your consent for your child to accompany his/her child care group on all field trips during the summer that are taken when he/she is present. Signs will be posted outside the School Office each Monday with details for that week's trip(s). We reserve the right to limit and withdraw field trip privileges if a child is having behavior or discipline problems.

Signature _____

STUDENT INTERNET INCLUSION: In an effort to promote Gloria Dei Lutheran School, its students and its programs, student photos, class photos, candid shots, video, and the like, may appear on the schools official Web Site, Social Media - Facebook, Twitter, etc., the individual teacher's web page link, and/or school-child care pamphlets, brochures, post cards, etc. This will be done with the review of the Head of School.

MINOR INJURY REPORT: "I understand that in case of a minor injury to my child, I will be notified in writing, by a note placed in my child's bookbag."

Gloria Dei Lutheran School and Child Care reserves the right to withdraw any child from the program if it is deemed necessary for the welfare of the child or the program.

Signature_____

A copy of the completed registration is available upon request. Initial _____

Administrator Signature _____ Date _____

SUMMER EMERGENCY INFORMATION

Child's Name: _____

Gloria Dei Lutheran School agrees to notify the parent or guardian in the event of illness or emergency, and the parent or guardian agrees to pick up this child as soon as it is feasible.

The parent/guardian authorizes Gloria Dei Lutheran School to obtain immediate medical care if an emergency occurs and he/she cannot be located immediately.

The parent/guardian agree to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signature: _____

In case of illness and we cannot reach you, the following will assume responsibility: **(Two contacts are required, each with complete address including zip codes and phone numbers)**

Name: _____ Phone No. _____
(Relationship)

Address: _____
and street name City State Zip

Name: _____ Phone No. _____
(Relationship)

Address: _____
and street name City State Zip

The following persons are authorized to pick up my child:

Mother: _____ Father: _____
(Name) (Name)

Others: _____

(OVER)

The following persons are NOT authorized to pick-up this child:

In my absence, I hereby request and authorize Gloria Dei Lutheran School to
contact _____ (Physician's name), at
telephone number _____, or to have the emergency room
doctors examine and treat my child for such emergency medical needs as may rise.

Exceptions to treatment, if any, are _____

Insurance Company: _____

Policy Number: _____

Sponsor's Social Security Number: _____

Chronic Illnesses: _____

Allergies (medication, food, environmental, etc.)? _____

Actions to be taken in an emergency: _____

Date of Last Tetanus Booster: _____

This consent for examination and treatment is effective for the period from
_____ to _____.

Signature _____

Parent or Legal Guardian

Date _____

Gloria Dei Lutheran School

250 Fox Hill Road
Hampton, VA 23669

Summer Enrollment Form

Dear Parent:

As a participant in the USDA Child and Adult Care Food Program, **Gloria Dei Lutheran Child Care** will supply the following meals and snacks for your child/children on/during child care time. Please circle below the days your child/children will require childcare and approximate times of arrival and departure. Please also, check meals your child/children should be served while in attendance at **Gloria Dei Lutheran Child Care**.

Thank you for your assistance in complying with USDA Child and Adult Care Food Program.

Child's Name _____ Grade Level _____

Date of Birth _____

Days & Hours of Childcare: Mon Tue Wed Thu Fri

Approximate Drop-Off Time _____ Approximate Pick-Up Time _____

Beginning Date _____ (Month/Day/Year)

Meals/Snacks my child/children will be provided when staying for child care:

_____ AM Snack _____ Lunch _____ PM Snack

Parent's Signature _____ Date _____

Please explain any unsure circumstances related to Child's attendance: _____

If the child is placed in the custody of someone other than a parent, please complete below:

Person(s) or Agency Having Legal Custody of Child	
Home Address	Home Phone
Business Address	Business Phone