

CHRISTIAN ACADEMY OF LAWRENCEBURG

SUMMER CARE PROGRAM

2018 Enrollment Packet

Preschool/Summer Care Office (502) 839-9952

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Preschool 3 years old through 6th grade

Christian Academy of Lawrenceburg exists to model and instill Christ-like behavior, strive for academic excellence, and prepare students for life and service.

Proverbs 22:6

The Christian Academy of Lawrenceburg admits students and hires staff of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally made available to students and staff at the school and does not discriminate on the basis of race, color, national, or ethnic origin in administering its educational policies, admission policies, scholarship programs, athletic, and other school administered programs.

2018 Summer Care Program

Families in need of these services should complete this form and return it to the CAL Preschool Office. This service is provided on a first come basis and there is limited enrollment.

Hours of Service

Beginning May 29 – August 10 (or later TBD)
Monday – Friday 7:00 a.m. – 5:30 p.m. (Closed July 4 – 6)

Program Costs and Payment Plans

Weekly Rate	Daily Rate
\$125.00	\$40.00

1. Payment for the Summer Care Program will be due each Monday to pay for the week in advance. We accept weekly or monthly payments. The entire balance may be paid in advance, however no lump sum discounts are applicable. Children will not be accepted if there is an outstanding balance for Summer Care unless previous payment arrangements have been made with the CAL Financial Office.
2. Enrollment fee will be \$25.00 which should be included with the enrollment packet. All enrollment fees are non-refundable.
3. Enrollment is limited so early enrollment is strongly encouraged.
4. Daily drop-in is available but limited to open places and will be accepted only if it does not require another staff person to cover all children. Payment for daily drop-in is due in advance on the day the child is left for care. A billing fee of \$10 per statement will be applied if a statement must be sent to collect for drop-in fees. Drop-in children will not be accepted if there is an outstanding balance for Summer Care.
5. All students must be picked up by 5:30 p.m. or an additional charge of \$5.00 per each five-minute interval will be applied.
6. Weekly rates **will not** be reduced for days not used, except when the school is closed.
7. Changes in your Summer Care schedule must be made **in writing** at least **two weeks** in advance (i.e., changing from weekly rate to daily drop-in rate or vice versa, termination of Summer Care use, or planned absences up to **TWO WEEKS** for vacations, summer camps, etc.). Must be used in week increments for Non-Payment to be applied; otherwise you will be charged for services whether your child is there or not.

Please indicate below the days you plan to use the CAL Summer Care Program

Monday-Friday Drop-in Basis Only

Other-Check Days that Apply

__ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

By signing below, I understand the above policies for the CAL Summer Care Program.

Student's Name

Grade

Parent's/Guardian's Signature

Date



CHRISTIAN ACADEMY OF LAWRENCEBURG
2018 Summer Care Program Application



What grade level did your child just complete? Please circle one

PS-3 PS-4 K 1st 2nd 3rd 4th 5th 6th

Child's Full Name: _____ Called By: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____ Sex: M or F

Parent's marital status: Married Divorced Widowed Separated

Name of Parent(s) or Guardian Student Lives with:

Name	Relationship	Social Security Number	Driver's License Number

Name	Relationship	Social Security Number	Driver's License Number

Mother Employed by: _____

Father Employed by: _____

Mother's Work #: _____ Mother's Cell: _____ E-mail: _____

Father's Work #: _____ Father's Cell: _____ E-mail: _____

In case we are unable to contact you by any of the numbers above, please list the nearest relative or neighbor we should contact?

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Does your family attend church regularly? Yes No

If yes, where? _____

CHILD'S PHYSICAL

Does your child have any allergies? (Food, Medicine, etc.) _____

Is your child currently taking any medication? If so, please list: _____

Has your child had any serious illnesses, operations, or accidents? If yes, please explain: _____

Please list any special problems (eating, sleeping, fears, habits, etc.) which you feel might be relevant: _____

CHILD'S PLAY AND SOCIAL INTERACTIONS

How does your child spend his/her play time at home? Indoors _____ Outdoors _____

Is his or her play: (please circle those appropriate)

Active Sedentary Boisterous Quiet Energetic Self-Initiated Dependent on Adult or Suggestion

Does your child play with additional children other than siblings? _____

Are they: (please circle those appropriate) OLDER YOUNGER SAME AGE FEW MANY

List his or her favorite toys, books, games, and activities: _____

If you have further information, which may assist in the guidance of your child at the Christian Academy of Lawrenceburg, such as pertinent medical or other data the school should be aware of, please indicate:

Please attach a copy of student's medical/health card to this form

Family Physician: _____ Phone: _____

Health Insurance Carrier: _____

Policy Number: _____

Carrier's Name & Relationship: _____

Parent's/Guardian's Signature

Date

CHRISTIAN ACADEMY OF LAWRENCEBURG



2018 SUMMER CARE Field Trip Release/Emergency Medical Form



I give my permission for _____; grade _____ to participate in CAL sponsored trips away from the school premises. Students will be accompanied by a teacher and will be under adequate supervision. **I understand that I will be given at least 48 hours' notice of all trips away from the school premises.**

Although the school desires to provide a safe and enjoyable time for all students, accidents will happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in the event, I/we agree to assume the responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless CAL, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we agree to be financially responsible for emergency medical transportation.

If the child lives with both parents/guardians, the release must be signed by both parents/guardians.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

If you plan to drive for any field trips, you must provide the CAL office with a copy of your vehicle insurance card and a color copy of your driver's license.

- I give permission for my child to be transported by 15 passenger vans.
- I give permission for my child to be transported by approved adult/teacher drivers and vehicles when necessary.
- I **DO NOT** give permission for my child to be transported by 15 passenger vans.



CHRISTIAN ACADEMY OF LAWRENCEBURG



2018 SUMMER CARE Emergency Permission/Pick Up and Release Form

I consent to the enrollment of my child _____ and agree that the Christian Academy of Lawrenceburg shall not be responsible in case of sickness or injury of my child while in attendance at summer care or in transit to and from the facility. In the event my child is taken ill or is injured while under summer care authority, my signature to this document is authorization for school personnel to proceed as follows:

- A. Attempt to contact the parents and follow the parent’s instructions.
- B. If the school is unable to contact parents, the school is authorized to contact:
Dr. _____ Telephone #: _____
- C. If the designated doctor cannot be reached, the school is authorized to contact a properly licensed practicing physician of its choice and such physician is authorized to proceed to provide such medical and/or surgical services as may be needed.
- D. In the event a given illness or injury is judged life threatening by a school official, the school is authorized to first secure emergency medical services and then proceed to contact a parent/guardian.

The school’s personnel and the school are released from any liability, which might arise from granting authorization under these sections.

When parents/legal guardians cannot be located in case of emergency, please call in this order:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____
- 4. Name: _____ Phone: _____

Other than the Parents/Legal Guardians, the following person(s) ONLY are authorized to pick up my child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Father/Legal Guardian’s Signature

Date

Mother/Legal Guardian’s Signature

Date



CHRISTIAN ACADEMY OF LAWRENCEBURG



2018 SUMMER CARE Miscellaneous Authorization

During the summer months, it is necessary to apply **sunscreen** to children when they play outside. Please complete the following authorization which will be kept on file by the Summer Care Program Personnel.

- I hereby request designated personnel of the Christian Academy of Lawrenceburg to apply sunscreen to my child as deemed necessary by them.
- By signing this form, the Christian Academy of Lawrenceburg and its personnel shall be released from any liability, of any nature, that might result from the administration of this sunscreen.

I give permission for my child to participate in **outdoor activities** at the Christian Academy of Lawrenceburg, such as:

- Playing on the playground
- Playing on the parking lot or concrete patio area
- Take nature walks, etc.

Permission to use a student's photo and name for publication and marketing purposes is implied unless the school is notified in writing that permission is denied.

We/I hereby **do not** give permission for CAL to use my child's photos or name on CAL's website or any other electronic forms of communication.

We/I hereby **do not** give permission for CAL to use my child's photos or name for publication in local or area newspapers.

Child's Name

Grade

Mother/Legal Guardian's Signature

Date

Father/Legal Guardian's Signature

Date





CHRISTIAN ACADEMY OF LAWRENCEBURG



2018 SUMMER CARE Required Forms Checklist

- Summer Care Application
- Emergency Permission / Pick Up and Release Form
- Field Trip Permission Form
- Emergency Medical Form with Copy of Insurance Card
- Miscellaneous – Photo / Sunscreen / Outdoor Activities Permission Form
- Current Immunization Record
- Copy of Birth Certificate
- Copy of Social Security Card