



Summer Enrichment Registration

Please complete and submit this registration form, including payment.
Please remember that registration is not complete until final payment is received.

STUDENT INFORMATION

Last Name		First Name		Middle Initial
Home address			City	ZIP Code
Birth date	Grade entering fall 2019	Child may be photographed for marketing purposes <input type="checkbox"/> yes <input type="checkbox"/> no		
Parent name		Email	Cell	
Parent name		Email	Cell	
How did you hear about Immanuel?				

CLASS SELECTIONS

<input type="checkbox"/>	ABCs and 123s (entering preschool threes or fours)
<input type="checkbox"/>	Lit Lab (entering Kindergarten or Grade 1)
<input type="checkbox"/>	History Mysteries (entering Grades 2 or 3)

Class Days (\$35 per session) Mark "1" for each desired session.		Lunch Buddies* (\$5 per session) *Bring your own sack lunch and drink Mark "1" for each desired session.	
<input type="checkbox"/>	Mon., Jun. 17	<input type="checkbox"/>	Mon., Jun. 17
<input type="checkbox"/>	Tue., Jun. 18	<input type="checkbox"/>	Tue., Jun. 18
<input type="checkbox"/>	Wed., Jun. 19	<input type="checkbox"/>	Wed., Jun. 19
<input type="checkbox"/>	Thu., Jun. 20	<input type="checkbox"/>	Thu., Jun. 20
<input type="checkbox"/>	Fri., Jun. 21	<input type="checkbox"/>	Fri., Jun. 21

DAYS		DAYS		TOTAL DUE
<input type="checkbox"/>	X \$35	<input type="checkbox"/>	X \$5	=

EMERGENCY CONTACTS

Emergency contact name		Emergency contact number
Emergency contact name		Emergency contact number

SIGNATURE BLOCK

I agree that if I/my child/ren becomes ill, I/he/she/they cannot attend and that medical care and/or first aid may be administered to me/my child/ren in the event of an accident or emergency, with or without prior notification to me. I acknowledge that I am responsible for the cost of these services. I understand that an attempt will be made to contact a parent or guardian, but if contact is not made, the individual listed on this form will be contacted to care for my child/ren. I also agree that the individuals listed on this form is authorized to pick up my child from Vacation Bible School in the event of an illness, emergency, or for carpooling purposes. I further authorize the release of medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do, hereby release Immanuel Lutheran Church and its staff from liability associated with participation in Immanuel Lutheran Church and School activities and events.

Parent/Guardian Signature	Date
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