



SUPER Summer 2016

Registration Procedures



SUPER Summer is a summer camp program. SUPER Summer Threes is for children turning 3 by September 1st. Super Summer Fours/Fives is for children turning 4 or 5 years old by September 1st. Children must be toilet trained.

Camp runs from 9-11:30 a.m. The Threes class meets on Mondays/Wednesdays and the Fours/Fives class meets on Tuesday/Thursdays We will rotate through stations during the camp. The stations are: crafts, group games, free play outdoors, snack/story/music. Each session will also have a water play day.

Priority registration for Grace Members and current Growing With Grace Preschool students will begin on March 15th. Open registration will begin on March 29th. We will be filling openings on a first come, first serve basis. If a class becomes full, we will begin a waiting list.

Please visit www.gracelutheranlibertyville.org to download the forms.

Please return the Registration Form, Medical Release, and Permission/Pick-up forms along with your fee to the church office. The fee is \$85.00 per child per session (fee is refundable until May 1, 2016- minus a \$10 processing fee). Checks should be made payable to Grace Lutheran Church. The office is open from 8:00 a.m.-3:00 p.m., Monday-Friday. Please be sure to include an email address on your registration form. You will be contacted by email to confirm placement in a session.

Your child will not be placed until all forms are complete and payment is received. If there are any allergies, medical conditions, or any other information we should be aware of, please include it with the registration packet.

Please direct any questions to: growingwithgracepreschool@aol.com or call 847/254-5820.

Grace Lutheran Church

501 Valley Park Drive, Libertyville, IL 60048

E-Mail: growingwithgracepreschool@aol.com

Additional forms are available on our web site: www.gracelutheranlibertyville.org



SUPER Summer 2016

Registration Form



Grace Lutheran Church
501 Valley Park Drive, Libertyville, IL 60048
847/254-5820

www.gracelutheranlibertyville.org
growingwithgracepreschool@aol.com

SUPER Summer is a summer camp program. SUPER Summer Threes is for children turning 3 old by September 1st. SUPER Summer Fours/Fives is for children turning 4 or 5 years old by September 1st. You may enroll in multiple sessions. The fee for each session is \$85 per child and is due at the time of registration. Checks are made payable to Grace Lutheran Church (fee is refundable until May 1st, 2016- minus a \$10 processing fee). Please return registration form, payment, medical release, and permission/pick-up forms to the church office. Registration begins March 15th for Grace members and current Growing With Grace Preschool students. Open registration begins March 29th. We will fill openings on a first come, first serve basis. Your child will not be placed until all forms are complete and fee is received.

Child's Name _____ Boy / Girl (Please Circle)

Nickname _____ Birth date ____/____/____ E- Mail _____

Address _____ City _____ Zip _____

Parent's Names _____ Home phone _____

Cell phone _____ Work Phone _____

If parent/legal guardian is not available in emergency, contact:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

List any known allergies, health issues, or special needs:

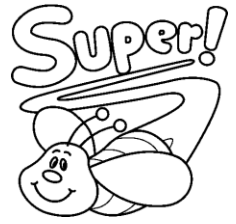
(OVER)

Child's Name _____



SUPER Summer 2016

Sessions



You may register for multiple sessions. SUPER Summer Preschool is for children turning 3 years old by September 1st. SUPER Summer Fours/Fives is for children turning 4 or 5 years old by September 1st. All classes run from 9:00-11:30 a.m. Children must be toilet trained. The fee is \$85 per session.

Session 1: June 6 - June 16 Theme: Hawaii Five-O

Threes M/W _____

Fours/Fives T/TH _____

Session 2: June 20 - June 30 Theme: Forest Fun

Threes M/W _____

Fours/Fives T/TH _____

Session 3: July 5 - July 15 Theme: Olympic Odyssey

Threes M/W _____

Fours/Fives T/TH _____

Child's Name _____



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Permission/ Pick-Up Form



I give the following people permission to pick-up my child(ren):
(Please list name & phone number)

1. _____
2. _____
3. _____
4. _____
5. _____

In the event that there is a change in the given information, please give a written notice to the teacher to inform us of the change. Please also include a number that you can be reached at if clarification is needed.

I hereby grant permission for my child to be included, unnamed, in pictures connected with the program. I relinquish rights to the finished photos or negatives.

I hereby grant permission for my child to use all play equipment and participate in all the activities with programs at *Grace Lutheran Church*. The staff is not responsible for any cost due to accidental injury, or illness, for any persons, on and off, Grace Lutheran Church property. I authorize staff members to take whatever steps may be necessary to obtain emergency medical treatment for my child. I authorize the staff to treat injuries with logical First Aid procedures such as soap and water for cleaning, using ice in preventing swelling, or Band-Aids to protect small cuts.

Signature _____ Date _____

Please return this Permission Pick-Up Form to:

Grace Lutheran Church

501 Valley Park Drive, Libertyville, IL 60048

E-Mail: growingwithgracepreschool@aol.com

Additional forms available on our website: www.gracelutheranlibertville.org

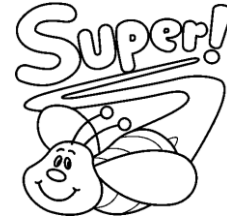
(OVER)

Child's Name _____



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Medical Release Form



I, (we), the undersigned parent(s) or guardian(s) of

a minor, do authorize adult teachers of *Grace Lutheran Church* as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability *Grace Lutheran Church* or any of its teachers in the event of an accident en route, during, and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Doctor's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____

Health Insurance Company _____

Policy or ID Number _____ Phone (____) _____

Does your child have any allergies? No ____ Yes ____ If yes, please explain:

Is your child currently on any medications? No ____ Yes ____ If yes, please explain:

return this Medical Release Form to:

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E-Mail: growingwithgracepreschool@aol.com

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