

Good Shepherd Day School
255 Sayre Ave.
Lexington, Kentucky 40508
(859)255-9734



**SUMMER CAMP
REGISTRATION FOR SUMMER 2021**

(Please complete the entire form and mail to the above address. One form per child.)

Child's Name _____ Date of Birth _____

Age _____ Sex _____ Grade/Age Group this Fall _____

Home Address _____

City _____ State _____ Zip Code _____

Parent Contact Information

Mother	Father
Name:	Name:
Place of Employment:	Place of Employment:
Work Telephone:	Work Telephone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

In case of an emergency which parent should we contact first? _____

Emergency Contact Information

Name:	Name:
Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:
Is it ok for this person to sign your child out should it be needed? Yes No	Is it ok for this person to sign your child out should it be needed? Yes No

Additional Information

(In this section please include things such as allergies or issues that we should be aware. If your child has allergies, include an action plan and what medications should be given in an emergency.)

Camp is open 8:00 – 1:00 each day

Please **CIRCLE** a pickup time on the days you wish for your child to attend camp.

	Monday		Tuesday		Wednesday		Thursday		Friday	
June 7-11	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
June 14-18	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
June 21-25	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
June 28-July 1	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	Closed	
July 6-9	Closed		11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
July 12-16	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
July 19-23	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00
July 26-30	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00	11:30	1:00

RATES/BILLING

\$30.00 per day/per child 8:00-11:30

\$40.00 per day/per child 8:00-1:00

- Scheduled days can be changed providing availability, but are not refunded.
- The Day School will bill in the current month for the month. Statements will be sent every month via email. Payment will be due on the 20th of the month **by cash or check. We do not offer ACH during Summer Camp due to frequent changes in scheduling.**
- Please give 1 week notice if you need to change the days you signed your child up for camp. If your child cannot attend on a scheduled day due to illness or an emergency we will allow make up days as our schedule allows. No refunds will be given for days not made up.
- We staff summer camp based upon the number of children signed up each day, so it is important that your child attend on the days selected.
- Due to COVID, we are unable to fulfill "drop-in wishes." This is not only for the safety of our children that are consistently enrolled but the safety of our staff as well.

MINIMUM REQUIREMENTS FOR ATTENDANCE

- 3 years of age by August 1, 2020 if they are a new student or a visitor to our school.
- **Completely Potty Trained.**
- No older than 9 years old (going into third grade).

REGISTRATION FEE

- \$85.00 - includes a camp shirt, morning snack, and materials.

Please **CIRCLE** a t-shirt size for your camper.

KIDS	S	M	L
ADULT	S	M	L

FOOD

- Children bring their own lunch, if staying for lunch.
- Morning snacks and drinks (milk/water) for lunch are provided.

HEALTH REQUIREMENTS

- An up-to-date immunization certificate is required, if not already on file.
- Sick children may not attend camp.

SAMPLE DAILY ROUTINE

8:00 - 8:30 a.m.	Drop-Off Time
8:45 a.m.	Morning Circle
9:00-11:25 a.m.	Morning Activities (Playground, Snack, etc.)
11:30	Dismissal for morning children
11:45	Lunch and Playground time (Should weather allow)
1:00 p.m.	Final Dismissal

What to Bring

- **Mask permission form for ALL CAMPERS ages 6-9.** This form is optional for campers under 5.
- A change of clothing in a zip lock bag with your child's name on it. Please label all clothing on the tag.
- Lunch, if staying for lunch. All food groups must be included. The Day School provides milk or water to drink.
- Emergency Information/Release Authorization if we do not already have it on file.
- If your child has allergies and requires an Epi-Pen, we must keep one at the Day School during camp. We also need medical permission slips filled out for any and all medications.
- Running shoes or sandals with backs. No flip-flops or crocs please.
- **Insect repellent and sunscreen need to be applied at home.** Should your child be staying for lunch, staff can reapply the sunscreen once the appropriate paperwork has been filled out. Please be sure to label your child's sunscreen.

Photography Permission
Must be filled out by ALL campers!!

Good Shepherd Day School Parent(s) and Families,

From time to time the children at the Day School have their pictures taken during regular or special classroom activities, school events, or while on field trips. We occasionally post some of these pictures on our school and/or individual classroom websites, display them in the hallways, or send pictures of your child to you via email.

Attached is a permission form indicating rather or not you are comfortable having your child included in any of these photographic pursuits. These pictures will be showcasing children naturally in their classrooms working and playing together. We will not be posting children on our web site with their names, addresses, or phone numbers. Please feel free to give or deny your permission, and your wishes will be honored.

Please complete and detach the bottom of this form and return with the rest of your camp paperwork. Thank you for your cooperation in this matter.

 (return bottom portion)

GOOD SHEPHERD DAY SCHOOL
544 Sayre Avenue, Lexington, KY 40508
(859) 255-9734

I, _____, parent of _____,

_____ DO or _____ DO NOT give permission for my child to be *photographed*

 Parent Signature

 Date

**Medicine Authorization
(To be used for Epi-Pens)**

Name of Child _____ Date _____

<u>NAME OF MEDICINE(S)</u>	<u>DOSAGE</u>	<u>TIME GIVEN</u>	<u>GIVEN BY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Please include a copy of the action plan from the doctor.****

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Please include a copy of the action plan from the doctor.****

