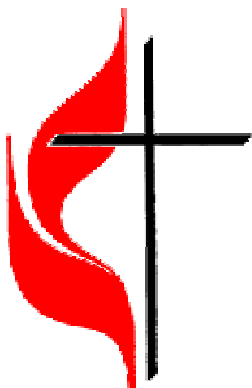


*Summer Day Camp Program*  
*Registration Packet*



**St. Luke United Methodist Church**  
**Neighborhood Children's Program**

**FAITH**  
**FUN**  
**FRIENDS**

**Please complete the enclosed forms and return to  
the church secretary**

**ST. LUKE NEIGHBORHOOD CHILDREN'S PROGRAM  
FEE AGREEMENT  
Summer Day Camp 2019**

I, \_\_\_\_\_, hereby agree to accept full  
(parent or guardian)  
responsibility for fees and tuition for my child, \_\_\_\_\_  
to attend the St. Luke Neighborhood Children's Program for the 2019 Summer Day Camp  
Session.

I understand that my child is enrolled for nine (9) paying weeks from Monday, June 3, 2019,  
through and including Friday, August 2, 2019. Independence Day will be observed as a holiday  
on Thursday, July 4, through Friday, July 5, and the program will not operate.

The rate is \$900 for the summer day camp session for the first child and \$787.50 for a second  
child from the same family. Fees are payable every two weeks in advance. Payment for one  
child in the program is \$200 every two weeks. Payment for a second child from the same family  
is \$175 every two weeks, for a total of \$375 every two weeks for two children. The payment  
schedule follows:

Due	Monday, June 3	\$200 for first child	\$175 for each additional child
	Monday, June 17	"	"
	Monday, July 1	"	"
	Monday, July 15	"	"
	Monday, July 29	\$100 for first child	\$87.50 for each additional child (1 week only)

I understand that a penalty fee of \$1 per child for every 5 minutes will be charged for any pick-  
up which occurs after 5:30 on program days. There is also a \$30 fee assessed for the handling  
of any returned checks.

I understand that a two-week written notice is required for withdrawal for any reason. Tuition is  
payable for the last two weeks whether the child attends or not. There are no refunds or credits  
for absences, illness, mishaps, or holidays.

In the event that I default on the above payments, I understand that I will be responsible for the  
costs of collection.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Emergency Medical Treatment Authorization

### Option A:

I, \_\_\_\_\_, give permission for St. Luke Neighborhood Children's Program to obtain necessary medical care for my child, \_\_\_\_\_, in the event of an emergency, and to transport my child for treatment if necessary. I understand the center will attempt to contact me as soon as possible.

Physician's name: \_\_\_\_\_ Hospital or clinic name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### Option B:

I, \_\_\_\_\_, do not wish medical treatment for my child. In the event of an emergency, please contact:

Name of contact: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**IF INFORMATION ABOVE SHOULD CHANGE, PLEASE UPDATE AND SIGN BELOW TO CONFIRM.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Emergency Medical Information

Please list any allergies, drug reactions, or medical conditions of which health professionals should be aware: (If none known, please write "None.")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Name, address, and telephone number of at least two responsible persons to contact in an emergency if the parent or guardian cannot be located promptly:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

# Authorization To Pick Up and Receive a Child

**PRINT CHILD'S NAME** \_\_\_\_\_

The following people may pick up or receive my child. I understand that they must present proper identification if requested.

(Note: Please list all authorized family members, including mother, father, step-parent, siblings, in addition to others authorized to pick up the child.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## UPDATE AUTHORIZATION AS NEEDED BELOW:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## UPDATE AUTHORIZATION AS NEEDED BELOW:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# General Authorization Form

Child's Name \_\_\_\_\_

## **Policies and Procedures**

I have read the Parent/Guardian Handbook containing the program policies and procedures. I understand and will abide by the policies and procedures of St. Luke Neighborhood Children's Program.

☐ YES ☐ NO

## **Child Care Regulations Summary/Exclusion Guidelines for Parents**

I have read the Child Care Regulations Summary for Parents and the Exclusion Guidelines concerning symptoms of illness contained in the Parent/Guardian Handbook

☐ YES ☐ NO

## **Fee Due Dates**

I understand that my child is subject to removal from the program if fees are not paid on time.

☐ YES ☐ NO

## **Two-Week Notice and Fees**

In the event of withdrawing my child from St. Luke Neighborhood Children's Program, I understand I am responsible for giving a two-week notice prior to my child's last day. I also understand that I am responsible for tuition for that time, even if my child is not present or I neglect to give a two-week notice.

☐ YES ☐ NO

## **Disciplinary Action Form**

I have read the Disciplinary Action Form. I understand that if this form is sent home with my child I am expected to sign and return it after discussing the incident with my child. I understand that repeated disruptive behavior is cause for dismissal from the program.

☐ YES ☐ NO

## **Insurance**

I understand that St. Luke Neighborhood Children's Program does not carry liability insurance.

☐ YES ☐ NO

## **Sunscreen**

St. Luke Neighborhood Children's Program has permission to apply sunscreen to my child prior to outdoor activities.

☐ YES ☐ NO

## **Photographs**

St. Luke Neighborhood Children's Program has permission to photograph my child.

☐ YES ☐ NO

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Swimming Authorization Form

**This form must be on file before your child can swim with NCP this summer.**

\_\_\_\_\_  
**Child's Name** (please fill out one form for each child)

My child has permission to participate in swimming. Yes ☐ No ☐

My child can swim. Yes ☐ No ☐

My child can swim in the 3 – 4 foot section ☐

5 – 6 foot section ☐

7 – 12 foot section ☐

My child can play on the slide. Yes ☐ No ☐

My child can jump off the diving board. Yes ☐ No ☐

If you give your child permission to jump off the diving board or go down the slide, he **MUST** be able to swim to the side on his own. We will **NOT** catch any child as he jumps/slides.

If you decide your child has advanced in swimming skills through the summer, please notify a staff member. Otherwise, your child will only be allowed to swim as stated on this form.

Thank you for helping us to keep your child safe.

\_\_\_\_\_  
Signature of Parent/Guardian

.....

## T-SHIRT ORDER

We are excited to provide a free t-shirt for each child enrolled in our summer program. We would love for the kids to wear these during our "Fun Friday" activities and excursions around town. Please list your child's name and circle the size needed.

Child's Name \_\_\_\_\_

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL



**St. Luke Neighborhood Children's Program**  
1227 Deering Street / Cleveland, MS 38732  
Phone 662-843-2306 / Fax 662-843-2336 / Web [www.stlukecleveland.com](http://www.stlukecleveland.com)

### ACH Payment Authorization Form

Sign and complete this form to authorize St. Luke Neighborhood Children's Program to make a bi-weekly debit to your checking or savings account for summer fee payments.

By signing this form, you give us permission to debit your account for the amount(s) indicated at the indicated times. This is permission for bi-weekly transactions only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I, \_\_\_\_\_, authorize St. Luke Neighborhood Children's Program

to debit my bank account indicated below for \$ \_\_\_\_\_ for the Summer Program every other

Monday of each month of the program.

Child's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Type of Account (check one)

☐ Checking

☐ Savings

The diagram shows a check with the following fields and labels:

- Routing Number:** 123456789 (indicated by a red bracket)
- Account Number:** 987654321 (indicated by a green bracket)
- Check Number:** 1035 (indicated by a green bracket)

Other fields on the check include: Your Name, Your Address, DATE, PAY TO THE ORDER OF, \$, DOLLARS, Your Bank Name, MEMO, and a MICR line at the bottom.

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

**CHECKING ACCOUNT – ATTACH A VOIDED CHECK; SAVINGS ACCOUNT – ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION WHICH INCLUDES YOUR ROUTING AND ACCOUNT NUMBERS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Joint account, if applicable)

I understand that, because this is an electronic transaction, these funds may be withdrawn from my account at the above noted transaction times. In the case of the payment being rejected for Non-Sufficient Funds (NSF), I understand that St. Luke United Methodist Church may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute St. Luke United Methodist Church's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.