

# Summer Stretch

Finished 1st grade through finished 4th grade in the 2018/2019 School Year

## REGISTRATION FORM

*(one per child)*

Child's Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Week(s) Registering (\$60 per child/week, includes lunch and snacks):

June 24/26

July 1/3    July 8/10    July 15/17    July 22/24

Aug 5/7    Aug 12/14

Extended Care Option (8:00-9:00am and 3pm-4pm) \_\_\_\_\_  
*(\$20 per child/week for extended care, includes breakfast and snack.)*

Office Use Only: Amount paid \_\_\_\_\_ Date \_\_\_\_\_  Cash  Check  Card



Summer Stretch



Please complete the information on the reverse side of this form.

**Health Information**

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy/ID No.: \_\_\_\_\_

Please use the space below to tell us if your child requires special care in case of allergic reaction, asthma attack, etc. Be very specific. You may also contact Melissa Stearns, Children, Youth, & Family Ministries Director at 651-777-1107 with further information.

**Information Concerning Child and Learning**

Please share any insight you have regarding your child's interaction with others and participation at class time, including special needs, adjustment to new environments, acceptance of authority, etc.

**Promotional Release**

I give permission for my child's photo to be used for publicity purposes (newsletters, future VBS materials, etc.) without compensation:  Yes  No

**Parental Release**

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Summer Stetch at St. Stephen Lutheran Church, including all activities. In the event of an emergency and I cannot be reached, I give permission for the supervising St. Stephen staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

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

\_\_\_\_\_  
Date

**Return this completed form along with registration fee to:**

**St. Stephen Lutheran Church  
1965 East County Road E  
White Bear Lake, MN 55110**