



2018 SUMMER RAM CAMP REGISTRATION  
 SHEPHERD OF THE HILLS LUTHERAN SCHOOL AND CHILD CARE  
 6914 Wurzbach Rd. San Antonio, TX 78240 |  
 (210)614-3741 | RamCamp@shlutheran.org

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

Please circle Weekly or Daily for each week.

<p><u>WEEK 1: JUNE 4<sup>TH</sup>-8<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 2: JUNE 11<sup>TH</sup>-15<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 3: JUNE 18<sup>TH</sup>-22<sup>ND</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 4: JUNE 25<sup>TH</sup>-29<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 5: JULY 2<sup>ND</sup>-6<sup>TH</sup></u> Weekly/Daily          M( ) T( ) TH( ) F( )</p> <p><b>**CHILD CARE IS CLOSED JULY 4<sup>TH</sup>**</b></p>
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<p><u>WEEK 6: JULY 9<sup>TH</sup>-13<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 7: JULY 16<sup>TH</sup>-20<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 8: JULY 23<sup>RD</sup>-27<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 9: JULY 30<sup>TH</sup>-AUG 3<sup>RD</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 10: AUG 6<sup>TH</sup>-10<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p> <p><u>WEEK 11: AUG 13<sup>TH</sup>-17<sup>TH</sup></u> Weekly/Daily          M( ) T( ) W( ) TH( ) F( )</p>
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**Summer Program Information:**

- Begins Monday, June 4<sup>th</sup> and ends Friday, August 17<sup>th</sup>
- Our Campus is CLOSED on Wednesday, July 4<sup>th</sup>.
- The first day of school for the 2018-2019 year is Wednesday August 22<sup>nd</sup>.

**CONTRACTUAL AGREEMENT:**

We, the undersigned, agree to fulfill all financial obligations as required by Shepherd of the Hills Lutheran School.

- *All Registration Fees are non-refundable.*
- All Daily/Weekly dues are to be paid before or on the Monday of the current week.
- Summer Camp Fees shall be charged for the entire week in which the student is registered.
- Due to staffing ratios required by State Child Care Licensing, two weeks advance notice is required if you request a change in your child's schedule.
- SHLS does not pro-rate tuition fee if your child misses part of the registered week. Parents are responsible for the full tuition for each week their child is registered regardless of the actual attendance.

**Fees and Discounts**

- Registration/Activity Fee- \$80 (Summer Only)
- Tuition Fees
  - Infants- Senior 3's (Full-time Rates are listed below.)
    - Infants- \$830/mth
    - Toddlers- \$805/mth
    - Junior Twos & Senior Threes- \$725/mth
  - Pre-Kindergarten- 7<sup>TH</sup> Grade
    - Daily- \$40
    - Weekly- \$180
- Field Trip Fees: Field trip fees are not included in the weekly or daily rate. Field trip cost will range from \$10-\$15. All field trip fees will be on the field trip calendar.
- Open Swim Fee is included in your Weekly/Daily Rate.
- Sibling Discount: Full tuition is paid on highest tuition rate. A 10% discount is given to the second child. A 20% discount is given to third and each additional child.

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Printed name of parent or legal guardian

\_\_\_\_\_  
 Date



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CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION:**

<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN NAME: _____ ADDRESS: _____ CITY _____ ZIP _____ <input type="checkbox"/> Child's Primary Address Work Number _____ Cell Number _____ Email _____ Driver's License #: _____ Employer: _____ Occupation: _____	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN NAME: _____ ADDRESS: _____ CITY _____ ZIP _____ <input type="checkbox"/> Child's Primary Address Work Number _____ Cell Number _____ Email _____ Driver's License #: _____ Employer: _____ Occupation: _____
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<b>PARENTS MARITAL STATUS:</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<b>IF ONLY ONE PARENT HAS CUSTODY OF THE CHILD, WE MUST HAVE A COURT ORDER ON FILE FOR THE AGREEMENT TO BE HONORED.</b> _____ Legal Documents Available (office use: initial)
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When parent/guardian cannot be reached, please contact the following person(s) in the order listed. I authorized my child to be released to the following persons:

*Please type or print (Person other than parent or guardian)*

1.	NAME _____ RELATIONSHIP _____
	HOME #: _____ WORK #: _____ CELL #: _____
2.	NAME _____ RELATIONSHIP _____
	HOME #: _____ WORK #: _____ CELL #: _____

\_\_\_\_\_  
 Signature of parent or legal guardian      Printed name of parent or legal guardian      Date



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## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION/FIRST AID

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Shepherd of the Hills School and Child Care Staff person in charge to take my child to:

Physician \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Claims Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Nearest Emergency Room (to be used if no other hospital is listed)

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the last 12 months, medication prescribed for long-term continuous use and any other information of which staff should be aware (If no conditions apply, please state "NONE"):

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

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent to a designated staff to administer first aid and/or medication to my child.

Comments: \_\_\_\_\_

My child's immunization record is on file at SHLS or is attached hereto and all immunizations and tuberculosis test are current.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Date

## AUTHORIZATION FOR ACTIVITIES

### TRANSPORTATION:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent for my child to be transported and supervised by school faculty/staff, SHLS parents and/or Summer Camp staff on field trips.

### FIELD TRIPS:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent for my child to participate in field trips.

### WATER ACTIVITIES:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent for my child to participate in water activities (splash pools/wading pools/swimming pools).

### SUNSCREEN:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent for sunscreen to be applied to my child.

### BUG SPRAY:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- consent for bug spray to be applied to my child.

### PHOTO RELEASE:

I hereby \_\_\_ GIVE \_\_\_ DO NOT GIVE- permission for my child to be photographed or video taken in the school, at school functions and on field trips and for those photographs/video to be used in advertisement, displayed on the school bulletin boards, the SHLS Newsletter and on the SHLS and website. I understand that enrollment with SHLS Summer Ram Camp attendance or participation in related activities constitutes an agreement that allows SHLS to use and distribute the enrollee, attendee and/or participant's image or voice in photographs, videos, websites and/or print and digital collateral. No Identifying information will be published with photos.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Date