



ST PAUL LUTHERAN

Little Giants Summer Program

Child's Name _____
(last) (first) (middle) (nickname)

Male Female Child's Age: _____ Child's Date of birth: _____

Child's Name _____
(last) (first) (middle) (nickname)

Male Female Child's Age: _____ Child's Date of birth: _____

Child's Name _____
(last) (first) (middle) (nickname)

Male Female Child's Age: _____ Child's Date of birth: _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name _____

Name _____

Address _____

Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Cell number _____

Cell number _____

Who will be responsible for payment? _____

Child lives with: Parents Guardian Mother only Father only

Emergency Contacts (other than parents/guardians):

Full Name: _____ Phone: (_____) _____ Relationship: _____

Full Name: _____ Phone: (_____) _____ Relationship: _____

Medical Information:

Physician: _____ Phone: (_____) _____ Hospital: _____

Insurance Provider: _____ Group #: _____ Member #: _____

Medical Release:

I authorize St. Paul Lutheran School Staff to act on my behalf for emergency care of my child/children, _____, and consent to medical care and treatment to be performed by a licensed physician or hospital when deemed necessary to safeguard my child(ren)'s health when I cannot be contacted.

HEALTH

Please list any allergies or medical concerns for your child(ren): _____

Authorized to pick up: _____

LITTLE GIANTS SUMMER PROGRAM: *(Families must reserve spots)*

June 1 – August 6 (closed July 5) 7:00am – 5:30pm Ages 3 & up (must be potty -trained)

\$100 per week for 1 child

\$170 per week for 2 children

\$240 per week for 3 children

\$28 per day per child (schedule with Little Giants)

Please select your regular days & times to enroll:

Days: _____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Times: _____ Full Day _____ Half Day (Morning / Afternoon)

Accounts must be prepaid. Payment is due on the Monday of each week or the first day of attendance.