



Mountain View Lutheran Church & School

9550 W. Cheyenne Ave., Las Vegas, NV 89129
(702) 233-9323
www.mvlcs.org

2018 Summer Camp Registration

Student's name: _____

Date of birth: _____

Parent email: _____ **cell#** _____

- Completed Enrollment Form
- Financial Responsibility Sheet
- Contract for Admission
- 2018 Summer Camp Emergency Contact & Authorized Escorts Form
- Sunscreen Permission Slip
- Current Immunization Record*
- Physician signed Pre-Admission Physical*

*New students only

For Office Use Only

- __ Smart Tuition**
- __ Cash/Check
- __ Immunizations*
- __ Physical*
- __ Student File

Mountain View Lutheran Church and School

Summer Camp 2018 Enrollment Form

Student Name _____ Date of Birth _____

Street _____ City _____ Zip _____

Allergies (Foods/Medications/other) _____

Activity Restrictions: No Yes _____

Full Day Program 7:00 a.m. to 5:00 p.m. Camp Rates:

\$150 (5 days) \$45 (Daily)

Half Day Program 8:00 a.m. to 12:00 p.m.:

\$35 (Daily)

•Weekly Activity Fee: \$30

•Field Trip Fee: TBD **option available to campers age 5 and up only.

Please circle the dates/days you are attending:

Rock, Paper, Scissors Week 1: June 4-8	M	T	W	TH	F		Star Spangled Fun Week 5: July 2-6*	M	T	✘	TH	F
Let Loose with Dr. Seuss Week 2: June 11-15	M	T	W	TH	F		Water, Fire & Ice** Week 6: July 9-13	M	T	W	TH	F
Color My World Week 3: June 18-22	M	T	W	TH	F		Starry Sky Week 7: July 16-20	M	T	W	TH	F
Under the Sea Week 4: June 25-29	M	T	W	TH	F		Full Steam Ahead Week 8: July 23-27	M	T	W	TH	F

*Camp closed Wednesday, July 4th for Independence Day Holiday

** Preschool only for this week.

Elementary is hosting Camp Invention July 9-13 (www.campinvention.org) must enroll online to attend.

Parent/Guardian Name (PRINT PLEASE)

Contact phone number

Parent/Guardian Signature

Date

PLEASE PROVIDE ALL INFORMATION FOR BOTH PARENTS, INCLUDING ALL CURRENT PHONE NUMBERS AS THIS EMERGENCY INFORMATION IS USED WHEN ATTENDING OFF CAMPUS EVENTS AND ACTIVITIES OR IN THE EVENT OF AN EMERGENCY. **PLEASE DO NOT LEAVE ANY BLANK SPACES, WRITE "N/A".**

MOUNTAIN VIEW LUTHERAN CHURCH & SCHOOL STUDENT REGISTRATION & EMERGENCY INFO

STUDENT INFO	LEGAL Last Name	LEGAL First Name	Middle Name	Gender M F	Birth Date
	Student Also Known As		Home Phone #	Grade	Teacher's Name
	Mailing Address (Please include Street, City, State and Zip)			Residential Address (if different from Mailing Address)	
	Student Living With:		Family E-Mail Address (please print clearly)		
	Ethnic Origin: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer				

PARENT/GUARDIAN INFO	Mother's/Female Gaurdian's Name		Father's/Male Gaurdian's Name		
	Circle One: Natural Parent Step-Parent Guardian Grandparent		Circle One: Natural Parent Step-Parent Guardian Grandparent		
	Mother's Employer	Occupation	Father's Employer	Occupation	
	Location (City)	E-Mail Address (if applicable)	Location (City)	E-Mail Address (if applicable)	
	Work Phone #	Cell Phone #	Work Phone #	Cell Phone #	
	Please check if non-residential parent is to receive copies of report cards and school mailings.		Please check if non-residential parent is to receive copies of report cards and school mailings.		
	Non-residential parent info (Parent not living with student)		Non-residential parent info (Parent not living with student)		
	Name _____ Home Ph # _____		Name _____ Home Ph # _____		
Address: _____		Address: _____			
MVLC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Church: _____					

MEDICAL	Medical Conditions (Allergies, Asthma, Etc.)		Activity Restrictions		
	Student's Physician	Phone #	Student's Dentist	Phone #	
	Medications Taken		Insurance Carrier & Medical Number		

I request that my child receive first aid service whenever it is deemed necessary. In case of emergency illness or accident to my child, the school is authorized to proceed as indicated on this form if we cannot be reached. Permission is hereby given for authorized school personnel to transport my child, call an ambulance, and/or seek other emergency care if physician cannot be contacted.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

List local emergency contacts who have agreed to take either temporary care of your child (in case of illness) or extended care (in case of a natural disaster) if a parent cannot be reached. The listed emergency contacts are also authorized to pick up my child from school or extended care.

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #
1				
2				
3				
4				
5				

STUDENT NOT TO BE RELEASED TO:

Name: _____ Relationship: _____

Court order on File No Yes (Please provide school with a copy) Date verified: _____

Comments: _____

Permission is hereby given, authorizing Mountain View Lutheran School to release my child to the individuals listed above.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

20 ____ - 20 ____ MEDICAL / ALLERGY ALERT: _____

STUDENT HEALTH HISTORY and CONSENT FOR MEDICAL TREATMENT

Please answer/fill in all information to better serve your students' health issues.

Student Name: _____ Birth date: _____ Grade: _____ M / F
Last First Circle One

ADD/ADHD Yes ___ No ___ Medication _____ at school _____ at home _____

Allergies Yes ___ No ___ To drugs, foods, etc. Please list: _____

Has the allergy required emergency action in the past? Comments: _____

Asthma Yes ___ No ___ Triggered by _____

Medication _____ at school _____ at home _____

Bee Sting Yes ___ No ___ Describe reaction _____

Difficulty breathing? Yes ___ No ___ Need emergency medication? Yes ___ No ___

Bones/Joints ... Yes ___ No ___ Describe: _____

Cerebral Palsy... Yes ___ No ___ Describe any physical limitations: _____

Child requires wheelchair ___ walker ___ neither ___

Diabetes Yes ___ No ___ Takes insulin? Yes ___ No ___ Doctor: _____ Date _____

Epilepsy..... Yes ___ No ___ Date of last seizure _____ Medication _____

Seizures Is student currently under a doctor's care for seizure: Yes ___ No ___

Heart Condition Yes ___ No ___ Describe _____

Any physical restrictions _____

Medication _____ at school _____ at home _____

High Blood..... Yes ___ No ___ Diagnosed by Doctor _____ Date _____

Pressure Medication _____ at school _____ at home _____

Migraines..... Yes ___ No ___ Diagnosed by Doctor _____ Date _____

Medication _____ at school _____ at home _____

Spina Bifida..... Yes ___ No ___ Child requires a wheelchair _____ Other _____

Diaper change _____ Catheterization _____

Scoliosis..... Yes ___ No ___ Diagnosed by Doctor _____ Date _____

List any physical limitations _____

Check off any of the following health concerns that pertain to the student:

Eyes: Glasses ___ Contacts ___ Difficulty Seeing ___ Crossed eyes ___ Lazy Eye ___ Distance ___ Reading ___

Ears: Tubes ___ Hearing aid: Right ___ Left ___ Wear at school ___ Hearing difficulty ___

Other Health Problems

Comments: _____

List any serious injuries and known surgeries _____

List any conditions that prevents/limits P.E. participation _____

Student requires special health care. Please explain _____

As the parent, agency representative or legal guardian, I hereby give consent to Mountain View Lutheran Church and School to see for the provision of any/all emergency dental or medical care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S) for my child _____ . This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature _____ Date _____

Mountain View Lutheran Church and School

Summer Camp 2018 Parent/Guardian Financial Responsibility

_____ I understand that tuition is due on the Wednesday before the week my child will attend camp. Tuition is payable by check, cash, money order or cashier's check.

_____ It is the policy of the Board of Directors that a student cannot attend camp once payments are not made on time or if no arrangements are made to make payments.

_____ Summer camp tuition is based on the days I select and paid prior to the week. Staffing is based on those reserved dates. There are no credits or proration for any missed days, or partially attended days.

_____ I understand that I may change/cancel my reserved time no later than the Wednesday before my child attends camp to receive a credit. Changes or cancellations made the week my child is reserved for camp will not be credited.

_____ Summer camp activities begin promptly at 8:30 a.m. Anyone arriving after 10:00 a.m. may miss some exciting activities.

_____ Mountain View Lutheran School's **Full Day Camp Program** operates Monday- Friday from 7:00 a.m. to 5:00 p.m. **Half Day Camp Program** operates from 8:00 a.m. to Noon. I agree to have my child picked up **no later than noon for half day and no later than 5:00 p.m. for full day**. I understand that if my child is not picked up by these times, a late fee of \$1 per minute will be automatically assessed to my account.

Please initial the above statements and sign and date below.

Name of Student Applicant

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Mountain View Lutheran Church and School

2018 Summer Camp Contract for Admission

_____ Students will go outside daily and participate in weekly water play days in which sunscreen application is required. You will be notified on the summer calendar which day is designated water play day. Sunscreen needs to be applied daily at home prior to dropping your child off at camp. If

_____ I request that my child receive first aid service whenever it is deemed necessary. In case of emergency illness or accident to my child, the camp is authorized to proceed as indicated on my Emergency Contact and Authorized Escorts form if we cannot be reached. Permission is hereby given for authorized school personnel to transport my child, call an ambulance, and/or seek other emergency care if physician cannot be contacted.

_____ I am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

_____ I understand that MV LCS may use chemical air fresheners during hours of operation and may use professional pesticide service without giving further notice.

_____ I understand my child (age 5 or older) may take part in field trips by bus, private car or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility. Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable. ****A field trip permission slip will go home prior to any field trip and must be completed by the parent/guardian for a camper to participate.***

I understand that while my child is registered and attending Mountain View the director may be asked for information regarding my child. ***Please read and initial one of the following:***

_____ I hereby give permission to release information to office persons only who identify themselves as health care personnel, school representatives, welfare or other government officials.

_____ I ***do not*** give permission to release information about my child. I realize that the Bureau of Services for Child Care has access to my child's record as a licensing agent.

I have read and initialed all of the above statements. I have read this form in its entirety and understand each of the statements I have initialed. ***Please sign acknowledgement below.***

Parent/Guardian Signature

Date

MVLCS 2018 Summer Camp Parent Sheet

Please keep this page

My child is attending MVLCS Summer Camp the following weeks:

- | | | | | | |
|---|---|---|--------------|----|--------------------|
| <input type="checkbox"/> June 4 - 8: Rock, Paper, Scissors | M | T | W | TH | F |
| <input type="checkbox"/> June 11 - 15: Let Loose with Dr. Seuss | M | T | W | TH | F |
| <input type="checkbox"/> June 18 - 22: Color My World | M | T | W | TH | F |
| <input type="checkbox"/> June 25 - 29: Under the Sea | M | T | W | TH | F |
| <input type="checkbox"/> July 2 - 6**: Star Spangled Fun | M | T | W | TH | F |
| <input type="checkbox"/> July 9 - 13: Water, Fire & Ice | M | T | W | TH | F (preschool only) |
| <input type="checkbox"/> July 16 - 20: Starry Sky | M | T | W | TH | F |
| <input type="checkbox"/> July 23 - 27: Full Steam Ahead | M | T | W | TH | F |

*Camp Hours are: Full Day 7:00 a.m. - 5:00 p.m.
Half Day 8:00 a.m. - 12:00 p.m.

*Tuition payments are due the Wednesday prior to my child attending camp.

*Smart Tuition is available and an account must be set-up by the family.

* Please bring a lunch for your child. Don't forget we are a nut free school.

* Sunscreen your child before arriving to camp.

*Water shoes are required for water play days (no flip flops or bare feet).

****Summer Camp is closed Wednesday, July 4th for observance of Independence Day.**

Should you need additional information, please call or email us at schooloffice@mvlcs.org