



# Mountain View Lutheran Church & School

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

## 2017 Summer Camp Registration

**Student's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_ **cell#** \_\_\_\_\_

- Completed Enrollment Form
- Financial Responsibility Sheet
- Smart Tuition Account Set-up\*\*
- Contract for Admission
- 2017 Summer Camp Emergency Contact & Authorized Escorts Form
- Current Immunization Record\*
- Physician signed Pre-Admission Physical\*

\*New students only

\*\*for MVLCS families enrolled for Fall.

**For Office Use Only**

\_\_ Smart Tuition\*\*  
\_\_ Cash/Check  
\_\_ Immunizations\*  
\_\_ Physical\*  
\_\_ Student File

# Mountain View Lutheran Church and School

## Summer Camp 2017 Enrollment Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Allergies(Foods/Medications/other) \_\_\_\_\_

Activity Restrictions:  No  Yes \_\_\_\_\_

I want my child to nap  No  Yes

**Full Day Program 7:00 a.m. to 5:30 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.

Please circle the dates/days you are attending:

<b>Ooey, Goey, Squishy Play</b> Week 1: June 5-9	M	T	W	TH	F		<b>Light Up The Night Sky</b> Week 5: July 3-7*	M	⊗	W	TH	F
<b>Construction Zone</b> Week 2: June 12-16	M	T	W	TH	F		<b>Science Workshop**</b> Week 6: July 10-14	M	T	W	TH	F
<b>Fairy Tale Theater</b> Week 3: June 19-23	M	T	W	TH	F		<b>Island Getaway</b> Week 7: July 17-21	M	T	W	TH	F
<b>America The Beautiful</b> Week 4: June 26-30	M	T	W	TH	F		<b>Backyard Adventures</b> Week 8: July 24-28	M	T	W	TH	F

\*Camp closed Tuesday, July 4<sup>th</sup> for Independence Day Holiday

\*\* Preschool only for this week. Elementary is hosting Camp Invention July 10-14 ([www.campinvention.org](http://www.campinvention.org))

\_\_\_\_\_  
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**

<b>STUDENT INFO</b>	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				

<b>PARENT/GUARDIAN INFO</b>	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: _____			
MVLG 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: _____					

<b>MEDICAL</b>	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:

# Mountain View Lutheran Church and School

## Summer Camp 2017 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. \*Smart Tuition is available as payment for those families already registered with MV LCS for the fall.

\_\_\_\_\_ 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 not be admitted to the classroom, unless arrangements have been made with the school office.

\_\_\_\_\_ Mountain View Lutheran School's **Full Day Camp Program** operates Monday- Friday from 7:00 a.m. to 5:30 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 5:30 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

## 2017 Summer Camp Contract for Admission

\_\_\_\_\_ Students will participate in weekly water play days in which sunscreen application is required. You will be notified weekly which day is designated water play day. Sunscreen needs to be applied at home prior to dropping your child off at camp.

\_\_\_\_\_ 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 MVLCS 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

