

**Grace Ev. Lutheran Church and School**  
**262-251 7140 Ext. 109**  
**SUMMER SIZZLERS**  
**Registration Form**



Student Name (First/Middle/Last) \_\_\_\_\_

Grade Entering \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_

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

Parent(s) Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Mothers Work Name & Address \_\_\_\_\_

\_\_\_\_\_

Days of the Week \_\_\_\_\_ Hours \_\_\_\_\_

Mothers Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fathers Work Name & Address \_\_\_\_\_

\_\_\_\_\_

Days of the Week \_\_\_\_\_ Hours \_\_\_\_\_

Fathers Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name and Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**OVER.....**

Please record days and times Summer Care will be needed on the attached summer schedule. The Program is available Monday through Friday from 7:00 a.m. to 6:00 p.m.

\$18.00 Registration Fee Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ or Check Number \_\_\_\_\_

Summer Program Rate	Daily \$37/Day	YES
	Hourly \$4.10/hour	YES

I agree to pay this rate for the duration of the Summer Program (6/3/13 to 8/22/13)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list and describe any medical conditions or allergies that the Summer Care Staff should be aware of.

---

---

---

---

If necessary the emergency cards on file in the Grace Lutheran School Office for the current academic year will be used for needed information. Parent signature below authorizes the use of this information as well as permission for the Summer Care Staff to call 911 for emergency medical needs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child has my permission to be given Tylenol or other brands of acetaminophen while in the Summer Care program. YES\_\_\_\_ NO\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_