

Lamb of God Early Childhood Center Camp Swag Summer Program

Camp SWAG Registration Fee: \$50.00 per child (full summer only)
Weekly Tuition: \$180/week (5 days/wk.) \$150/week (3 days/wk. M/W/F)

Camp SWAG Admission Date: _____ Camp SWAG Withdrawal Date: _____

Child's Last Name: _____ First Name: _____ Gender: M/F
Date of Birth: _____ Financial Responsibility: _____
Church Home: _____ Child Baptized? Yes or No

Father's Name: _____ E-Mail: _____
Address: _____ Home Phone: (____) _____
City: _____ Zip: _____ Cell Phone (____) _____
Father's Employer: _____ Work Phone (____) _____

Mother's Name: _____ E-Mail: _____
Address: _____ Home Phone (____) _____
City: _____ Zip: _____ Cell Phone (____) _____
Mother's Employer: _____ Work Phone (____) _____

I hereby authorize my child to leave LOGLS only with the following persons other than parents:

Name: _____ Telephone: _____ Relationship: _____
Name: _____ Telephone: _____ Relationship: _____

I designate the following person to be contacted in the event of an emergency if I cannot be reached:

_____ Name Telephone Relationship

Parent's Signature _____ Date _____

Lamb of God Lutheran Church & Early Childhood Center

1400 FM 1960 E. Bypass ♦ Humble, TX 77338
281-446-LAMB (5262)

Camp SWAG Tuition Policies

- \$75.00 Registration fee (full summer) must be submitted in full with the application in order to hold a spot for Camp Swag.
- Tuition includes breakfast (for students arriving by 7:30am), two snacks and lunch
- Tuition payments are the same regardless of illness, family vacation, or school holidays
- All campers are allowed a One-week vacation Credit to use at your discretion.
- 5% discount will apply for families who pay tuition for the entire summer in advance
- 5% discount for Clergy/educators/firefighters/EMT's/police officers/military
- 5% discount will be applied for each additional sibling
- 10% discount will be applied to Lamb of God church members
- All tuition payments must be remitted via EZ-EFT electronic bill payment weekly, in advance of services rendered.
- Late pick-ups will be charged \$1.00 per minute after 6:05 p.m.
- Drafts/checks for tuition/fees that are returned due to insufficient funds are subject to penalty charge of \$25.00
- After an insufficient check has been received, that payment MUST be made by money order
- Tuition and schedules are subject to change without notice

_____ **I have read and agree to adhere to the Camp SWAG tuition policies.**

Print student name: _____

Parent Signature: _____ Date: _____

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Tuition Agreement

Child's Name (Please Print): _____ Start Date: _____

Registration Fee: _____ Paid OR Draft _____

Class Assignment: _____ Weekly Tuition: _____

Tuition Discounts: Member 10% _____

Sibling 5% _____

Full Payment 5% _____

Clergy/Educator/Police/Firefighter/EMT/Military 5% _____

Tuition Fees: Credit Card fee + 3% _____

WEEKLY DRAFT: _____

**I have read and agree to adhere to the
Camp SWAG Registration/Tuition Rates and Policies.**

Parent/Guardian
Signature: _____

Please Print
Student's Name: _____

Date: _____

LAMB OF GOD LUTHERAN CHURCH & SCHOOL
Camp SWAG
EZ-EFT ENROLLMENT FORM

By signing this form you authorize us to draft your child's weekly tuition amount every Friday in advance of services for the upcoming week as well as any other fees incurred.

NAME OF CHILD: _____

Choose One:

Checking Account Transfer (Please attach voided check)

Credit Card (Mastercard or Visa) (Please attach copy of front of credit card)

Please Note: a 3% service fee will be added to your weekly draft

Visa Card Number: _____ Exp: _____

Mastercard Number: _____ Exp: _____

Account Holder Information:

(Note: the information listed below must match the information on the account)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

I hereby authorize _____ to make payment on my behalf from the checking,
Name of financial institution
savings or credit account listed, and transfer it to **Lamb of God Lutheran Church and School.**

Signature: _____ Date: _____

TREATMENT FOR MINORS CONSENT FORM

Camp SWAG

Northeast Medical Center or other: _____. Please accept this letter as authority to treat my child, in case of emergency, whose name is listed below:

CHILD (Full Name)

BIRTHDATE

Allergies: Medication _____
 Food _____
 Environmental/Other _____

Regularly Administered Medications: _____

Child's Doctor _____ Phone (____) _____

Located at _____.

If you are unable to contact him/her, please accept this letter as your authorization to use the doctor on call in the emergency room for any necessary medical treatment.

I/We being the parent(s) or legal guardian(s) of the above-named minor do hereby appoint the following individual(s) to act in my/our behalf in authorizing medical, dental, surgical care, and hospitalization for the above-named minor in the event I cannot be reached.

Name & Relationship to Child	Address	Phone

Insurance Co: _____ Group #: _____ Benefit Verification Phone # (____) _____
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Mother's Employer: _____ Phone (____) _____

Father's Employer: _____ Phone (____) _____

General Permission & Release:

WATER PLAY

I hereby give my consent for _____ (child's name) to participate in the following water activities: (Please initial each activity you give consent for)

_____ Water Table/Sprinklers _____ Wading Pools _____ Splashing Pools

PHOTOGRAPHIC RELEASE

I give my permission to Lamb of God Lutheran Church & School to photograph/videotape my son/daughter _____, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting Lamb of God Lutheran School to the public (including but not limited to Facebook and our school website). I relinquish all rights, title and interest in the finished photographs, negatives, and videotape film.

Initial - _____ yes _____ no Classroom use only _____ yes _____ no

SCHOOL DIRECTORY/CHURCH MAILING LIST RELEASE

I give my permission to Lamb of God Lutheran Church & School to include my family and child in the school directory which will only be distributed to enrolled students.

Initial - _____ yes _____ no. I also give permission to add my family to the church mailing/email list for release of church information only. Initial - _____ yes _____ no.

MEALS/SNACKS

*I understand that the following meals will be served to my child while in care:

_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack

If I choose to send a snack or lunch for my child, Lamb of God is not responsible for my child's nutritional needs for that meal or snack. Any snack or food sent from home for your child should be nutritious.

MEDICINE RELEASE

The following medications are available at the facility to use if needed. Please initial only the following items that you authorize to be used on your child.

_____ Insect Repellent _____ First Aid Cream _____ Sunscreen

FIELD TRIP/TRANSPORTATION RELEASE

I hereby give consent for my child to attend any In-house field trips which occur during the summer months. Initial- _____ yes _____ no.

MEDICAL (**This must be notarized. **)

In the event that I or my spouse cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to secure medical help for my child.

Parent Signature: _____

Subscribed and sworn to, before me, this _____ day of _____ 20____.

Notary Public Signature: _____

Medical Information Required Camp SWAG

Child's Name: _____ Birthdate: _____

Parent's Name: _____

A CHILD WHO APPEARS ILL UPON ARRIVAL WILL NOT BE ADMITTED TO CLASS!

NOTE: The parent should authorize the physician (at the time of registration) to accept a call from Lamb of God Lutheran Church & School's staff for emergency medical care.

ADMISSION REQUIREMENT

One of the following must be presented when your child is admitted to the program. Check to indicate the option you select:

_____ Signed Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

Physician's Written Name

Physician's Signature

Date

OR

_____ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program. *Within 12 months of admission, I will obtain a healthcare professional's signed statement and will submit it to the child-care operation.

Name, complete address and phone number of physician

Signature – Parent of Legal Guardian

Date

* CURRENT IMMUNIZATION RECORD MUST BE ATTACHED OR EMAILED TO DIRECTOR.

* YOU MUST PROVIDE PROOF OF HEARING/VISION SCREENING FOR CHILDREN 4YRS & UP.

Needed Items

Please mark your child's name on **ALL** items they bring to camp. It is the child's responsibility to keep up with their toys, clothes and extra money. The staff is not responsible for any lost or stolen items. Please use discretion before sending items of monetary or sentimental value to camp.

Daily

- Backpack
- Water bottle with child's name on it
- Sunscreen and bug spray
- Extra set of clothes

Water Days

- Towel(s)
- Swim suit
- Swim shoes

Other items your child may bring

- Board games
- Pillow and Blanket
- Movies for movie day

Movies

Camp SWAG's movie policy is movies must be rated 'G' and 'PG' **only**.

We will not show a PG-13 movie at school. If there is a certain movie that you do not want your camper to watch, please notify your teacher. Any videos, television shows, or movies viewed on an electronic device must be 'G' or 'PG' rated.

Classroom Management/Discipline

Campers who commit minor rules infractions will be reminded of classroom rules and expectations. Major rules infractions will result in the camper having the privilege of attending the In-house field trip for that week. Please discuss any questions regarding this policy with your Camp SWAG teachers or a director. Our goal is that all campers have a safe, fun, and educational summer!