

**First Lutheran Children's Programs
First Lutheran Day Camp**

Child's Name: _____

Two Week Notice

I understand that I must give First Lutheran Children's Programs a two week written notice when I :

make a change in my child's schedule.

withdraw my child from the program.

I understand that if I fail to give a two week written notice, I am obligated to pay two weeks worth of tuition past the last day of my child's attendance.

Parent/guardian signature

Date

Field Trip Permission

I give permission for my child to be escorted away from the First Lutheran Church grounds to go to playgrounds, playing fields, beaches and other locations. I understand that the modes of transportation will be any or all of the following: by foot, city bus, van and chartered bus.

Parent/guardian signature

Date

Policy and Procedure Agreement

I certify that all the answers and statements contained in the Admission Information Sheet are true to the best of my knowledge and belief. I also affirm that I have read and understand the First Lutheran Children's Programs policies as outlined herein and in the appropriate handbook.

Parent/guardian signature

Date

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RELEASE FOR PERMISSION TO USE LIKENESS

We take a lot of photographs at First Lutheran. Most are for our own use and enjoyment. You will see many on the walls of the halls. We do, however, sometimes use photos in our brochures or in other publications or promotions. Please complete below.

() I give First Lutheran Children's Programs permission to use, publish and/or re-publish my child's likeness for the purpose of promoting the program.

() and I also give First Lutheran Children's Programs permission to use, publish and/or re-publish my child's name to accompany my child's likeness.

() I refuse to give First Lutheran Children's Programs permission to use, publish and/or republish my child's likeness in any manner whatsoever.

() I refuse to give First Lutheran Children's Programs permission to use, publish and/or republish my child's name in any manner whatsoever.

Parent/guardian signature

Date

RELEASE TO COMMUNICATE WITH SCHOOL PERSONNEL

From time to time we find it useful to speak with classroom teachers and other personnel from the school attended by your child. With your permission, we will carry out such communication only for the benefit of your child. (For instance, if we are trying to get ideas to help your child improve his/her behavior.) Any information obtained in the course of this communication will be treated as strictly confidential.

I grant permission for the type of communication described above to take place.

Parent /guardian signature

Date

**First Lutheran Children's Programs
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RELEASE TO COMMUNICATE WITH FORMER CHILD CARE PERSONNEL

From time to time we find it useful to speak with a child's former child care center and personnel. With your permission, we will carry out such communication only for the benefit of your child. (For instance, if we are trying to get ideas to help your child feel more at home at First Lutheran.) Any information obtained in the course of the communication will be treated as strictly confidential.

I grant permission for the type of communication described above to take place.

Parent/guardian signature

Date

NAME OF CENTER: _____ TELEPHONE: _____

TEACHER'S NAME: _____

Water Participation Form

My child has permission to participate in water activities at First Lutheran Day Camp/First Lutheran Children's Programs. This may include an inflated water slide, wading pools (water 24 inches or below) and sprinkler activities.

Parent/guardian signature

Date