

2016

**Summer Camp Application**

**Concordia Lutheran School**  
8701 SW 124<sup>th</sup> Street  
Miami, FL 33176  
305-235-0160/FAX 305-235-6168  
concordiaschool@bellsouth.net  
DCF License # C11MD0316

**FOR OFFICE USE ONLY**

Class \_\_\_\_\_ Teacher \_\_\_\_\_  
Room # \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REGISTRATION & DEPOSIT FEES  
ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**CHECK ALL THAT APPLY**

**Session I:**

June 20th thru July 15th

**Session II:**

July 18th thru August 10th

**AM Care (7am to 9am)**

**EXTENDED Care (4:30pm to 6:00pm)**

**12 – 24 MONTHS:**

9:00am to 1:00pm (1/2 day)

9:00am to 4:30pm (full day)

**HOT LUNCH:**

**2 YEARS TO 9 YEARS OLDS:**

9:00am to 4:30pm (full day)

Summer VPK (Pre-K only):

8:30am to 5:00pm

**Student Information:**

Full Name:

Last

First

Middle

Nickname

Date of Birth:

Sex:

Ethnicity:

Child's Address:

Zip:

Phone:

Email Address:

**Family Information:**

Child lives with:

Mother's Name:

Father's Name:

Address:

Address:

Phone:

Bpr/Cell:

Phone:

Bpr/Cell:

Employer:

Employer:

Address:

Address:

Work Phone:

Work Phone:

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if required.

Doctor:

Address:

Phone:

Dentist:

Address:

Phone:

Hospital Preference:

Phone:

Please list all allergies, special medical or dietary needs or other areas of concern:

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**About Concordia:**

Would you like to know more about our church?  
Your home church:

Is the child baptized?  
Child's religion:

**Referral Information:**

How did you find out about Concordia?

Referred by:

**Contacts:**

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Relation	Work #	Home #
Name	Relation	Work #	Home #
Name	Relation	Work #	Home #
Name	Relation	Work #	Home #

Name and phone number of the first person to be called in case of an emergency:

\_\_\_\_\_

**Custody:**

Who has custody of the child?

Other

Name/Relation

**Helpful Information About The Child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 65C-22.006(2), F.A.C., requires a current physical examination (form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.**

**Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY" (CF-PI 175-24.)**

**Section 65C-22.006(3)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.**

**By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Print Name-Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**