

C. L. A. S. P.
Christian Love All Summer Program
Summer REGISTRATION FORM 2017

DATE Submitted: _____ / _____ / _____ for summer of _____ (year)

Days your child needs care: **M T W Th F**

Child Information:

First Name: _____ Middle Name: _____ Last Name: _____

Name to Use: Male Female Date of Birth: __ / __ / __ Grade Completed _____

Address: _____ City: _____ State: ____ Zip: _____

Elementary School: _____ T-shirt size: **Adult S M L** OR **Child S M L**

Please order large enough for your child to be comfortable, but not so large as to be below thigh length. If you register after May 15th, T-shirt selection will be limited.

Primary Guardian Information:

Relationship to Child: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Mobile ____ - ____ - ____

Occupation: _____ Place of Employment: _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address 1: _____ Email Address 2: _____

Secondary Guardian Information:

Relationship to Child: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Mobile ____ - ____ - ____

Occupation: _____ Place of Employment: _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address 1: _____ Email Address 2: _____

In case of an emergency in which primary and secondary guardian cannot be reached:

Emergency Contact 1 Information

Relationship to Child: _____ First Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: ____ - ____ - ____ Alternate ____ - ____ - ____ Additional Info: _____

Emergency Contact 2 Information

Relationship to Child: _____ First Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: ____ - ____ - ____ Alternate ____ - ____ - ____ Additional Info: _____

Other Adults in Home (Name, Age, Relationship to Child)

Other Children in Home:

Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____
Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____
Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____
Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____

Persons Authorized to Pick Up Child:

Must be completed for all students so that in the event of an illness or emergency, we can release your child.

Primary Guardian , Secondary Guardian, and _____,
_____ & _____.

Is there anyone who is specifically NOT Authorized to Pick Up Child:

Physician:

Name: _____ Telephone: ____ - ____ - ____
Address: _____ City: _____ State: ____ Zip: _____

Preferred Hospital:

Name: _____ Telephone: ____ - ____ - ____
Address: _____ City: _____ State: ____ Zip: _____

NOTE: If an ambulance is needed, we accept the first one available through the 911 emergency dispatcher.

Medical Insurance Information:

Name of Insurance Plan: _____ Child's Insurance ID Number: _____

Subscriber's Name (on card): _____

Allergies:

(Please mark N/A if no allergies exist)

Food Allergies: _____

Medicines: _____

Other Allergies: _____

Other:

Impairments or Concerns: _____

IEP / Speech Therapy / Physical Therapy / Occupational Therapy or Other: _____

Additional Information: _____

Child's Summer Schedule:

Place an 'X' next to each day your child will be with us this summer. This is your contract. If you cannot complete this to enroll your child, we will need your schedule 2 weeks ahead all summer. You may advise us of changes to this schedule in writing, but without 2 weeks' written notice, we must require tuition for the dates you have given us. We purchase supplies, publish staff schedules, and make final arrangements for field trips 2 weeks in advance. We need your help to do that efficiently and fairly for our vendors, staff and for your child.

| X | June | X | July | X | August |
|---|----------------------------------------|-----|-------------------------------------------|---|-----------------------|
| | | | Monday ~ July 3 | | Monday ~ July 31 |
| | | N/A | Tuesday ~ July 4~ <small>no CLASP</small> | | Tuesday ~ August 1 |
| | | | Wednesday ~ July 5 | | Wednesday ~ August 2 |
| | Thursday ~ June 8 th (\$25) | | Thursday ~ July 6 | | Thursday ~ August 3 |
| | Friday ~ June 9 th (\$25) | | Friday ~ July 7 | | Friday ~ August 4 |
| | Monday ~ June 12 | | Monday ~ July 10 | | Monday ~ August 7 |
| | Tuesday ~ June 13 | | Tuesday ~ July 11 | | Tuesday ~ August 8 |
| | Wednesday ~ June 14 | | Wednesday ~ July 12 | | Wednesday ~ August 9 |
| | Thursday ~ June 15 | | Thursday ~ July 13 | | Thursday ~ August 10 |
| | Friday ~ June 16 | | Friday ~ July 14 | | Friday ~ August 11 |
| | Monday ~ June 19 | | Monday ~ July 17 | | Monday ~ August 14 |
| | Tuesday ~ June 20 | | Tuesday ~ July 18 | | Tuesday ~ August 15 |
| | Wednesday ~ June 21 | | Wednesday ~ July 19 | | Wednesday ~ August 16 |
| | Thursday ~ June 22 | | Thursday ~ July 20 | | Thursday ~ August 17 |
| | Friday ~ June 23 | | Friday ~ July 21 | | Friday ~ August 18 |
| | Monday ~ June 26 | | Monday ~ July 24 | | Monday ~ August 21 |
| | Tuesday ~ June 27 | | Tuesday ~ July 25 | | Tuesday ~ August 22 |
| | Wednesday ~ June 28 | | Wednesday ~ July 26 | | Wednesday ~ August 23 |
| | Thursday ~ June 29 | | Thursday ~ July 27 | | Thursday ~ August 24 |
| | Friday ~ June 30 | | Friday ~ July 28 | | Friday ~ August 25 |

Authorizations:

- ♥ By registering your child, you grant us permission to use group photos of actual fun times at CLASP on our website and Facebook page. We define “group” as a photo which includes 3 or more children/staff. We may also photograph and/or take videos of your child for CLASP activities (craft projects, etc.).
- Picture-taking and sharing is an essential part of the fun of our Summer program. Children feel left out when they are not included. Parents enjoy seeing their children’s activities even when they have to be at work themselves. By checking here, you give permission for us to post individual photos of your child (photos with less than 3 children/staff). We do not publicly identify children by name.
- May we share your address and/or phone number _____ - _____ - _____ with other CLASP parents for party invitations and such? Please check here to say yes.
- CLASP is authorized to seek emergency medical treatment for child.

**Registration Fee must accompany Registration Form and is non-refundable.
Registration Fee of \$45.00 enrolls your child in Summer CLASP.
Families currently enrolled in CLASP or MGCCC will pay just \$25 per child.
Make check payable to Children’s Outreach Ministries and write “Summer CLASP” on the memo line.**

Primary Guardian Signature: _____ Date: ____/____/____

Secondary Guardian Signature: _____ Date: ____/____/____

Mail completed registration form and fee to:

**MGCoB Children’s Outreach Ministries
1392 Robert Fulton Hwy.
Quarryville, PA 17566**