

Are you willing for the following information to be released to other Gloria Dei parents on request (for birthday party invitations, etc.)?

Your address: Yes _____ No _____ Your phone #: Yes _____ No _____

Does your child have allergies or pre-existing medical conditions? If so, what?

Does your child have any unusual habits, fears or attachments? If so, what?

Signature _____

NOTE: If you have legal custody of this child, a copy of the Court Order must be filed in the child's school records to protect the school when refusing to release the child to a parent.

Per Court Order on file, the following is/are **not** authorized to pick up this child:

NOTE: All students new to Gloria Dei's Child Care Program **MUST** have a current physical form on file **prior** to the first day of attendance.

FIELD TRIP CONSENT: We require that you give your consent for your child to accompany his/her child care group on all field trips during the summer that are taken when he/she is present. Signs will be posted outside the School Office each Monday with details for that week's trip(s). We reserve the right to limit and withdraw field trip privileges if a child is having behavior or discipline problems.

Signature _____

STUDENT INTERNET INCLUSION: In an effort to promote Gloria Dei Lutheran School, its students and its programs, student photos, class photos, candid shots, and the like, may appear on the schools official Web Site, the individual teacher's web page link, and/or school-child care pamphlets, brochures, post cards, etc. This will be done with the review of the School Principal and/or the Computer Technology Administrator.

Gloria Dei Lutheran School and Child Care reserves the right to withdraw any child from the program if it is deemed necessary for the welfare of the child or the program.

Signature _____

A copy of the completed registration is available upon request. Initial _____

In my absence, I hereby request and authorize Gloria Dei Lutheran School to contact _____ (Physician's name), at telephone number _____, or to have the emergency room doctors examine and treat my child for such emergency medical needs as may rise.

Exceptions to treatment, if any, are _____

Insurance Company: _____

Policy Number: _____

Sponsor's Social Security Number: _____

Chronic Illnesses: _____

Allergies (medication, food, environmental, etc.)? _____

Date of Last Tetanus Booster: _____

This consent for examination and treatment is effective for the period from

_____ to _____.

Signature _____

Parent or Legal Guardian

Gloria Dei Lutheran School
250 Fox Hill Road
Hampton, VA 23669

Summer Enrollment Form

Dear Parent:

As a participant in the USDA Child and Adult Care Food Program, **Gloria Dei Lutheran Child Care** will supply the following meals and snacks for your child/children on/during child care time. Please circle below the days your child/children will require childcare and approximate times of arrival and departure. Please also, check meals your child/children should be served while in attendance at **Gloria Dei Lutheran Child Care**.

Thank you for your assistance in complying with USDA Child and Adult Care Food Program.

Child's Name _____ Grade Level _____

Date of Birth _____

Days & Hours of Childcare: Mon Tue Wed Thu Fri

Approximate Drop-Off Time _____ Approximate Pick-Up Time _____

Beginning Date _____ (Month/Day/Year)

Meals/Snacks my child/children will be provided when staying for child care:

_____ AM Snack _____ Lunch _____ PM Snack

Parent's Signature _____ Date _____

Please explain any unsure circumstances related to Child's attendance: _____
