



# TRINITY LUTHERAN SCHOOL SUMMER PROGRAM

JUNE 10-JULY 5, 2024

## Registration Form

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Grade in Fall: \_\_\_\_\_ School Attending in Fall: \_\_\_\_\_

Primary Address: \_\_\_\_\_

If parents divorced, who has legal custody: \_\_\_\_\_ Attach custody papers if necessary.

Student lives with:  mother only  father only  both parents  other \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact/Pick-up #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact/Pick-up #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

### For Office Use:

Attending:  Week 1  w/VBS (no charge)  Week 2  w/ ASC  Week 3  w/ ASC  Week 4  w/ ASC

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ FOP: \_\_\_\_\_

## Parent Agreement Form 2024, Trinity Lutheran Summer School 2024

### Tuition Payment

I agree to pay all tuition and fees as indicated on my signed registration form. I understand that tuition must be paid in full by May 31, 2024 as calculated by the school, with no grace period. Payments may be made by check or credit/debit card (4% fee applies to all card charges). If payment is not made, my child(ren) will not be able to attend summer school. Tuition/fees are non-refundable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \_\_\_\_\_ (Initials) No Schedule Changes

I understand that I must register and make payment in full by May 31, 2024. I understand that I may not make schedule changes of adding or deleting weeks from my summer schedule after registering my child(ren). Please note that space is limited and will be filled in the order that registration is submitted AND payment clears. I understand that I will not be reimbursed for days/weeks for which I have registered even if my child(ren) do not attend.

### \_\_\_\_\_ (Initials) Late Pick-up Fees

I understand that late pick-up fees are accrued per child beginning at 12:00pm (summer program) and 3:00pm (after school care).

### \_\_\_\_\_ (Initials) Peanut/Nut Allergy

I clearly understand that Trinity Lutheran is not a peanut/nut free environment and that there is the possibility for contact with peanuts and or peanut related products. Although reasonable efforts will be made to ensure safety, I understand that there is a possibility of peanut/nut exposure.

### \_\_\_\_\_ (Initials) Illness

I understand my child(ren) will not be permitted to attend summer school if ill according to the Illness Policy in the TLS Parent/Student Handbook & COVID-19 Handbook, which is available for viewing through the school website.

### \_\_\_\_\_ (Initials) Cell Phones, Toys, and Electronics from Home

I understand that cell phones, toys, and electronics from home are not permitted unless prior permission is given from the teacher. Cell phones may be used with staff permission/supervision for contacting parents. I understand the school and its staff are not responsible for lost or stolen items that my child brings to summer school.

### \_\_\_\_\_ (Initials) Discipline Policy

I agree that: Should there be a behavior/discipline problem with my child during summer school, I may be called to pick-up my child immediately at the discretion of the summer school teacher. If a child continues to have a behavior/discipline problem, he/she may be removed from summer school at the discretion of the summer school director.

## Release and Hold Harmless Agreement & Waiver of Liability 2024

I, the undersigned guardian, allow \_\_\_\_\_ to participate in summer school activities from June 10- July 5, 2024, sponsored by Trinity Lutheran School all of which are hereinafter referred to as the "activity".

I consent permission for participation in the activity and acknowledge that I fully understand the participation may involve risk of serious injury or death, including losses which may result not only from the participant's actions, inactions or negligence, but also from the actions, inaction, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any concerns about risk, I should discuss the risks associated with participation with the activity coordinators and event staff before I sign this document and before the activity begins.

I certify that the participant is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as primary medical coverage payment if an accident or injury occurs to the participant. I consent to emergency medical treatment in the event such care is required. I am aware that upon being injured, the participant may solicit assistance from Trinity Lutheran staff and if he/she chooses to do so, I assume all reasonable risk.

I agree that photographs, pictures, slides, movies, video, or other media coverage of the participant may be taken in connection with participation in the activity without compensation from Trinity Lutheran Church and/or School, its officers, employees, representatives, volunteers or agents, or any of them, and I consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers for the participant in the activity. I agree I am financially responsible for any losses resulting from the participant's actions and will indemnify Trinity Lutheran Church and/or School of Wahiawa, HI, its officers, employees, representatives, volunteers and agents, and each of them, for any loss of damage caused by the participant during this activity.

In consideration of participation in the activity, I hereby waive all claims or causes of action against Trinity Lutheran Church and/or School of Wahiawa, HI, its officers, employees, representatives, volunteers or agents, or all of them, arising out of participation in the activity and hereby release, hold harmless, and discharge Trinity Lutheran Church and/or School of Wahiawa, HI, its officers, employees, representatives, volunteers or agents, or each of them, from liability in connection therewith except such loss or damage which was caused by the willful misconduct of Trinity Lutheran Church and/or School of Wahiawa, HI, its officers, employees, representatives, volunteers or agents.

This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Trinity Lutheran Church and/or School its officers, employees, representatives, volunteers or agents, or any of them, is knowingly given up in return for allowing the participant to participate in the activity. My signature on this document is intended to bind not only myself and the participant, but also my successors, heirs, representatives, administrators, and assigns.

I have read this release and hold harmless agreement and waiver of liability, and I understand the terms used in it and their legal significance.

Participant's name (please print) \_\_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Use the space below to provide any medical/prescription information that you request be released to emergency medical providers.