

ST. JOHN'S LUTHERAN NURSERY SCHOOL
1675 Coates Ave., Holbrook, NY
(631) 588-4347 -- FAX (631) 588-8159
www.sjnurseryschool.com
snurseryschool@outlook.com

SUMMER CAMP REGISTRATION

Dear Parents,

Once again we will be offering a **SUMMER PROGRAM** for pre-school children **AGES 2-5**. This program is open to all current students, as well as incoming children in our 3 & 4 year old programs. For children not attending St. John's Preschool, this program is open to any child who is between age 2, as of December 1, 2016, and age 5, or those who have not yet attended kindergarten.

Our Summer Camp offers arts and crafts, stories, music, water games and other fun outdoor activities in a Christian environment. Classrooms are air conditioned and snack is provided daily. The program is run and supervised by the Nursery School staff and directly follows the 1--week Vacation Bible School program run by the church. The program will run **JULY 17th – AUGUST 10th** from **9:30 AM-12:00 PM**, **4 days a week (Monday through Thursday)**. The cost for the entire 4--week session will be **\$300.00**.

If you are interested in registering your child for the summer program, please complete the attached registration form. Payment is due at the time of registration (either CASH or CHECK written out to *St. John's Lutheran Preschool*). If you are interested, we suggest that you register your child early as there are limited spaces available and Summer Camp tends to fill up quickly. **Registration opens on March 1st**.

If you have any questions, please feel free to call me at 588-4347 during school hours.

Sincerely,

*Miss Jeannie
Miss Wendi*



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SUMMER PROGRAM REGISTRATION FORM - 2017

CHILD'S FULL NAME: _____ REGISTRATION DATE: _____

ADDRESS: _____

TELEPHONE #: _____ AGE: _____ BIRTHDATE: _____

MOTHER: _____ FATHER: _____

ADDRESS/PHONE (if different from above) _____

FAMILY PHYSICIAN: _____ PHONE: _____

PERSON RESPONSIBLE FOR CHILD IF PARENTS WORK OUTSIDE OF HOME:

NAME _____ TELEPHONE: _____

ADDRESS: _____

NAMES AND BIRTHDATES OF BROTHERS/SISTERS:

IS YOUR CHILD TOILET TRAINED? YES _____ NO _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

HAS YOUR CHILD HAD ANY PRESCHOOL EXPERIENCE? YES _____ NO _____

IF YOUR CHILD PREVIOUSLY ATTENDED ST. JOHN'S, WHO WAS HIS/HER TEACHER?

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CHILD: _____

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MEDICAL FORM

CHILD'S NAME _____

BIRTHDATE _____ HEIGHT _____ WEIGHT _____

EYES _____ EARS _____ NOSE _____

THROAT _____ HEART _____ LUNGS _____

DPT (dates) _____

POLIO (dates) _____

RUBELLA (dates) _____

MEASLES (dates) _____

MUMPS (date) _____

TUBERCULIN (date) _____

HEPATITIS B (date) _____

HIB (date) _____

VARICELLA (born on or after 1/1/2000) _____

ALLERGIES _____

SPECIAL REMARKS _____

DOCTOR'S SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

THIS MEDICAL FORM MUST BE COMPLETED AND SIGNED BY YOUR DOCTOR BEFORE YOUR CHILD CAN ENTER NURSERY SCHOOL IN SEPTEMBER. PLEASE RETURN TO THE OFFICE **NO LATER THAN AUGUST 1ST.**

MEDICAL EMERGENCY PERMISSION FORM
(To be filled out each year)

I give my permission for St. John's Lutheran Nursery School to seek emergency medical treatment, if necessary, for my child _____ in the event that I cannot be contacted.

PHYSICIAN'S NAME _____ PHONE _____

Signature of Parent

Date

=====

PHOTO RELEASE PERMISSION FORM
(To be filled out each year)

I give my permission for my child _____ to be photographed and/or video taped at St. John's Lutheran Nursery School for use as follows:

In School (bulletin boards, video shown at our open house, etc.)

_____yes _____no

Publicity (Library Preschool Showcase, etc)

_____yes _____no

Signature of Parent

Date

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Email: sjnurseryschool@outlook.com • Website: www.sjnurseryschool.com**CHILD RELEASE FORM**
(To be filled out each year)**CHILD'S NAME** _____

Please write the full name(s) of the person(s) authorized to pick up your child from school and can be contacted in case of an emergency (at least 1 neighbor on your street):

Relationship	Name First and Last	Home Phone	Cell Phone	Work Phone	Address
<i>Mother</i>					
<i>Father</i>					
<i>Grandparent</i>					
<i>Grandparent</i>					
<i>Neighbor</i>					
<i>Other</i>					

If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: _____

Any person(s) authorized to pick up your child **including the parents** must come prepared to show **photo identification** when asked. If the parent or authorized person has been introduced to the staff or is known by them, identification will not be required. The child will not be released if the staff has not met the person and no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child.

Signature of Parent_____
Date