

# RAP

## Resurrection After School Program

### SUMMER CAMP 2009

### REGISTRATION FORM

Today's Date:

#### CHILD(REN) INFORMATION

Child's Last Name:	First:	Middle:	Grade Level in Fall 2009: <input type="checkbox"/> K-2 <input type="checkbox"/> 5-6 <input type="checkbox"/> 2-4 <input type="checkbox"/> 7-8	Strongest Summer Interest (circle as many as needed): Sports / Arts & Crafts / Academic Field Trips / Leadership	
Have you ever been to RAP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kids T-shirt Size: Small    Medium    Large	Nickname:	Birth Date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:		School Name:	Home Phone : (    )		

Reason for choosing RAP Camp or referral by:

<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Flier or posted information	<input type="checkbox"/> Other: _____
---------------------------------	---------------------------------	---	--	---------------------------------------

Other family members previously at RAP?

#### PARENT/GUARDIAN(S) INFORMATION

1. Guardian Last Name:	First:	Relationship:	Cell Phone: (    )
Home Address:			Home Phone : (    )
Work Address:			Work Phone : (    )
E-mail Address:			
2. Guardian Last Name:	First:	Relationship:	Cell Phone: (    )
Home Address:			Home Phone : (    )
Work Address:			Work Phone : (    )
E-mail Address:			

#### PROGRAM INFORMATION

(Please indicate enrollment information to the best of your ability. We understand plans may change after time of registration.)

I request that my child(ren) be registered for the following weeks:

- \_\_\_\_\_ Week 1, June 15 – June 19
- \_\_\_\_\_ Week 2, June 22 – June 26
- \_\_\_\_\_ Week 3, June 29 – July 3
- \_\_\_\_\_ Week 4, July 6 – July 10
- \_\_\_\_\_ Week 5, July 13 – July 17
- \_\_\_\_\_ Week 6, July 20 – July 24
- \_\_\_\_\_ Week 7, July 27 – July 31
- \_\_\_\_\_ Week 8, August 3 – August 7
- \_\_\_\_\_ Week 9, August 10 – August 14
- \_\_\_\_\_ Week 10, August 17 – August 21

**\*Please note:**

- Maximum enrollment is 30 students. Early enrollment strongly suggested.
- Due Date: **April 3, 2009**
- Checking a week represents a commitment to pay tuition of that entire week.
- Tuition is due the Friday preceding each week for which your child is enrolled.

I give permission for RAP to use photographs of my child(ren) for publicity purposes. \_\_\_ Yes \_\_\_ No  
 I have read the policies in the RAP Parent Handbook and agree to adhere to the rules and procedures stated herein.  
 I understand that my signature on this form represents a commitment to this schedule.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**GENERAL INFORMATION**

Daily arrival/departure time

Allergies or Food Concerns:

Is there any special information to better enable us to care for your child(ren)?

I GIVE PERMISSION TO THESE PERSONS TO PICK MY CHILD UP FROM RAP WHEN I AM UNABLE:

Name: Name: Name:
Phone: Phone: Phone:
Relationship: Relationship: Relationship:

**IN CASE OF EMERGENCY**

PERSONS TO CONTACT IF PARENT(S) CANNOT BE REACHED BY PHONE:

Name: Name:
Phone: Phone:
Relationship: Relationship:

PREFERRED PHYSICIAN: PHONE:

I GIVE PERMISSION FOR \_\_\_\_\_ TO RECEIVE EMERGENCY MEDICAL ATTENTION DURING THE HOURS OF RAP IF I CANNOT BE REACHED. THE STAFF OF RAP WOULD ARRANGE FOR THIS. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COST OF EMERGENCY CARE PROVIDED FOR MY CHILD(REN).

DATE: SIGNATURE:

**FIELD TRIPS**

I GIVE PERMISSION FOR \_\_\_\_\_ TO TRAVEL AWAY FORM THE RESURRECTION LUTHERAN CHURCH BUILDING BY EITHER FOOT OR PUBLIC TRANSPORTATION. I UNDERSTAND THAT THIS FORM WILL ACCOMPANY MY CHILD(REN) ON TRIPS AWAY FROM RESURRECTION.

DATE: SIGNATURE:

**Or mail to:**

RAP Summer Camp
3309 N. Seminary Avenue
Chicago, IL 60657

PLEASE INCLUDE:

\_\_\_Application Fee \$40.00 \_\_\_Materials Fee \$30.00 \_\_\_First Week Enrollment \$250.00 or Full Summer Enrollment \$2250.00

FOR OFFICE USE ONLY:

\_\_\_Medical Examination Form \_\_\_Pool Consent Form \_\_\_Application Fee \$40.00 \_\_\_Materials Fee \$30.00 \_\_\_First Week Enrollment \$250.00