



# Sonshine Station Summer Camp

603 Classen Blvd.  
Norman, OK 73071  
405-329-1503

Website: [www.tlsnorman.com](http://www.tlsnorman.com)

## Child's Schedule:

Office Use Only

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Name(s) of Custodial Parent(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

Custodial Parent(s) Place of Employment:

Mom 1. \_\_\_\_\_ Phone \_\_\_\_\_

Dad 2. \_\_\_\_\_ Phone \_\_\_\_\_

Name of Grandparents:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grandparent's E-mail: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grandparent's E-mail: \_\_\_\_\_

### **Immunizations: A Copy of your child's shot record is required upon enrollment.**

If at anytime it is found that we do not have a current shot record of your child, you will be called and asked to pick up your child. Your child will not be allowed to attend until their record is brought current.

### **Child Pick-up Information:**

**Please list other adults who are authorized to pick your child up. (All adults need to sign in and out daily.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **EMERGENCY AGREEMENT**

I (we) grant permission for authorized Sonshine Station personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian.
- B. Attempt to contact child's physician.
- C. Attempt to contact you through any of the persons listed on the Emergency Health information.
- D. If Sonshine Station personnel cannot contact you or your physician, Sonshine Station staff may do any of the following: a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital, d) call 911

EMERGENCY INFORMATION		
Name of Policy Holder		
Health Insurance Co.		
Insurance Company Phone #:		Policy #:
LIST PERSONS TO BE CALLED IF YOU CANNOT BE LOCATED IN THE EVENT OF AN EMERGENCY.		
Name	Phone	Cell
Name	Phone	Cell
Physician	Phone	
Hospital Preference		

Does your child suffer from allergies or any other medical condition?
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**If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge of Trinity's E.C.E. program to take my child to the nearest medical facility or call my family physician. In case of fever above 101 I hereby authorize the person in charge to administer medication to reduce the fever if I cannot be reached.**

**Please read the following policy:**

**NO REFUND POLICY:** If your child is ill on one of his (her) days, we will not refund money, or give credits.

**Permission to use your child's picture:** We would like to take pictures of the children during their day and put them in our newsletters, yearbooks, promotions, website, etc. to show families what an awesome program we have. Please understand that your child's name will NOT be given and your child will be in a picture with other children at Trinity. If you have any concerns please feel free to look on our website for examples at [www.tlsnorman.com](http://www.tlsnorman.com).

Yes	No	I grant permission for my child to be included in any photos Sonshine Station may use for newsletters, yearbooks, promotions, web site.
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Yes _____ I give permission to Trinity Lutheran Sonshine Station to transport my child (Campers only) to all field trips that occur during Summer Camp 2010.
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**I have read the enrollment information and agree to sign my child up for the entire summer 2010 Sonshine Station Summer Camp. I do understand that this is a 10-week commitment and if I choose to remove my child early I will pay the next two weeks tuition after my child's removal.**

**I have read, understand, and agree to all the policies as stated on this enrollment form. I understand that if I do not abide by the policies my child may be released from the program.**

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Office Use Only:		
Date enrolled	Ck #:	Cash
E.F. Paid	Shot Record	In Computer
	Teacher Copy	Dismissal Date
Camper		Out Computer
T-Shirt size:		

**010 sonshinestation enrollment form**