

# Springfield Christian School Summer Care 2015

## Registration Packet

The following pages, along with a non-refundable \$30.00 registration fee (cash/check), need to be turned into the school office in an envelope with the child(ren)'s name(s) on the front no later than **Friday, April 24, 2015 at 4:30 p.m.** Please fill out all forms completely.

- Child Information Sheet
- Attendance Schedule Sheet
- Emergency Information Sheet
- Behavior Plan
- Field Trip Permission Form
- Medication Form
- Computer Lab Rules

**[OFFICE USE ONLY]**

Non-refundable  
Registration Fee  
\$30 per family

Family: \_\_\_\_\_

Date Paid: \_\_ / \_\_ /15

Cash or Check#: \_\_\_\_\_

School child(ren) attends:

\_\_\_\_\_

Please keep the following dates in mind as you complete the forms:

- Friday, April 24      Materials due to SCS office by 4:30 p.m.
- Thursday, May 14    Parent meeting in Room 205 from  
6:30-7:30 p.m.

## Child Information

1<sup>st</sup> Child's Name: \_\_\_\_\_

Grade Entering Fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any additional information (i.e. behavior, tragedies, or anything else affecting the child of which the staff should be aware): \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_

Grade Entering Fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any additional information (i.e. behavior, tragedies, or anything else affecting the child of which the staff should be aware): \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_

Grade Entering Fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Any additional information (i.e. behavior, tragedies, or anything else affecting the child of which the staff should be aware): \_\_\_\_\_

\_\_\_\_\_

Marital Status of Parent:  
 Married  Separated  Divorced  
 Other: \_\_\_\_\_

Child(ren) Lives With:  
 Both  Mother  Father  
 Other: \_\_\_\_\_

\*\*If there is a divorce decree or court order pertaining to custody of the child, please make provide a copy.

Please circle your child(ren)'s t-shirt size (for off-campus t-shirts):

Youth: S M L      Adult: S M L XL

\*\*Please keep in mind, we wash and DRY the shirts at school. **The shirts will shrink!**

## Attendance Schedule

Family Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Other address (if needed): \_\_\_\_\_  
 \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please mark the appropriate box below for the days your child(ren) **will** be at Summer Care with an "X".

Remember the available options:

3-day options: M,W,F / M,T,W / T,W,Th / W,Th,F (any 3 days are accepted)

4-day options: M-Th / T-F (any 4 days are accepted)

5-day option: M-F

	Mon.	Tues.	Wed.	Thurs.	Fri.
Week 1 June 1 - June 5					
Week 2 June 8 - June 12					
Week 3 June 15 - June 19					
Week 4 June 22 - June 26					
Week 5 June 29 - July 3					CLOSED
Week 6 July 6 - July 10					
Week 7 July 13 - July 17					
Week 8 July 20 - July 24					
Week 9 July 27 - July 31					
Week 10 August 3 - August 7					
Week 11 August 10- August 14					

***IMPORTANT:*** You must register for a ***MINIMUM*** of 15 days. If you do not register for a minimum of 15 days, the application will not be considered in the enrollment process.

**\*\*I understand that I am responsible for payment in full for all days that I have signed up for on this registration form whether my child(ren) attends or not. I also understand that payment is due in full the first day of each week that my child(ren) attends.\*\*\***

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

# Emergency Information

Family Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In the event of an emergency, please list in order of priority, individuals to be contacted.

**\*\*If you would like the parent/guardian to be contacted first, please be sure to include the parent/guardian information below.**

**1.**  
Name: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**2.**  
Name: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**3.**  
Name: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**4.**  
Name: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Any other individuals who may pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital or Clinic: \_\_\_\_\_

# Behavior Plan

Though behavior problems are not anticipated, having a behavior plan in place is important. Please read the following plan that will be implemented during the Summer Care program and go over it with your child so that he/she is aware of the plan as well. Each phase is described in detail below. The staff will keep documentation of behavior problems so that it can be discussed in detail with parents/guardians if necessary. If a child progresses through all three steps of the third phase during the summer, he/she will be removed from the program. Based on the nature of the behavior, SCS reserves the right to accelerate a child through the Phase/Step progression.

## Phase 1:

- Step 1: Verbal Reprimand  
Detailed Information Recorded
- Step 2: Cool Down Time (one minute per each year of age)  
Talk to Child About Behavior  
Detailed Information Recorded
- Step 3: Cool Down Time  
Staff Member and Child Discuss the Behavior  
Detailed Information Recorded
- Step 4: Strike 1  
(Child can no longer repeat phase 1)

## Phase 2:

- Step 1: Verbal Reprimand  
Detailed Information Recorded
- Step 2: Fifteen Minute Cool Down Period  
Call Parents to Discuss Behavior and Explain Future Steps  
Detailed Information Recorded
- Step 3: Call Parents and Have Child Picked Up  
Suspended for the Remainder of Day and the Following Day  
Detailed Information Recorded  
Strike 2 (Child can no longer repeat phase 2)

## Phase 3:

- Step 1: Verbal Reprimand  
Detailed Information Recorded
- Step 2: Twenty Minute Cool Down Time  
Call Parents  
Detailed Information Recorded
- Step 3: Parent Must Come to Pick up Child  
Detailed Information Recorded  
Strike 3 (Child May Not Come Back To Summer Care)

**I HAVE READ AND UNDERSTAND THE ABOVE BEHAVIOR PLAN AND HAVE SHARED IT WITH MY CHILD(REN) SO HE/SHE UNDERSTANDS IT AS WELL.**

Child(ren)'s name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

**Field Trip and Summer Care Program Permission Form**

I give permission for my child(ren), \_\_\_\_\_, to participate in SCS Summer Care program, including field trips. I understand that all precautions will be taken to prevent accidents. However, I UNDERSTAND THAT ABSOLUTE SAFETY CANNOT BE ASSURED. I further understand that participation in the program, including field trips, may involve the risk of catastrophic injury or death. I agree to consent to any medical treatment that may be required by my child in the place and with the same authority as the undersigned. I agree that I will be responsible for all expenses (medical and otherwise) which may occur from my child(ren)'s participation in any activity sponsored by Springfield Christian School. I assume all responsibilities and waive any and all claims for compensation for accidental or fatal injury incurred while participating at Springfield Christian School programs or activities and while in the care of staff or volunteers. I hereby agree to indemnify and hold harmless Springfield Christian School, its agents, employees, or servants, whether paid or volunteer, against any and all claims which may arise from any injury while participating in any of the programs and activities, including field trips.

I HAVE READ THE ABOVE WAIVER AND AM SIGNING IT VOLUNTARILY.

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

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## Pool Permission Form

When spending the afternoon at Veterans Memorial Pool (2700 Ely St., off Sangamon Avenue by Gietl Park), to eliminate swimming concerns, please sign your child(ren)'s name(s) next to the areas in which your child(ren) is/are allowed.

3-foot area: \_\_\_\_\_

4-5-foot area (including slides): \_\_\_\_\_

Slide/Diving board in Diving Well: \_\_\_\_\_

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

**\*\*Please make sure you sign the medication form. We will not be allowed to dispense any medication (including children's Tylenol or Benadryl, etc.) to your child(ren) if you do not sign this form.**

**Springfield Christian School  
Summer Care Program  
Parent/Guardian Permission Form  
To Dispense Medication to Students**

My child has my permission to take the medication listed below.

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

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dates medication is to be taken: \_\_\_\_\_

Does the student need to take this: \_\_\_\_\_ on a daily basis

\_\_\_\_\_ as needed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Today's Date

# Summer Care Permission Form

**THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHILD TO BE ABLE TO USE THE SCS COMPUTER LAB.**

During Summer Care at Springfield Christian School,  
I will observe the following rules in the Computer Lab:

1. I will only run programs and games that I have been given permission to run by the staff in charge.
2. I will be respectful of the staff in charge and any other people that are in the lab with me.
3. I will keep my voice down and not disturb others who are in the lab using computers.
4. I understand that the computers and all other equipment in the lab are the property of SCS, and I will take very good care of them.
5. I know that I am not allowed to use any email or social media websites in the lab and will not do so.
6. I will only go to Internet sites that I have been given permission to view.
7. I will not download any programs from the Internet.
8. I will handle the CD-ROM programs with care, and I will make sure that the CD is put back in the correct place.
9. I will gently wrap up my headphones when I am done using them, and I will push in my chair when I get up to leave.
10. I will never bring food or drinks into the computer lab.

I have read, understand, and agree to follow the rules and procedures list above. I understand that if I do not follow these rules, I will not be allowed in the computer lab for the rest of the summer.

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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