



Child/Student Name

First _____ Middle _____ Last _____ Gender: Male __ Female__
 School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 1, 2019) ____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____
 Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
 Cell phone _____ FAX _____ E-mail _____
 Occupation _____ Employer _____
 Child lives with: _____
 Person responsible for payment _____

Emergency Contact Information - Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information
 Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	Yes/No	
_____	Yes/No	
_____	Yes/No	

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may

interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that **LSLA Summer Camp** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about LSLA Summer Camp.

After School Program Website Word of Mouth Flyer Other:

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **LSLA Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **LSLA Summer Camp**.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **LSLA Summer Camp** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Bug Repellent/ Sun Screen

I give permission to the staff to assist my child in using sunscreen and bug repellent. I will notify the staff if my child is allergic to either of these products.

Parent's/Guardian's Initials _____

The **LSLA Summer Camp** is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____



LONE STAR

Language Academy

Summer Camp 2019

5301 Democracy Dr.
Plano, Texas 75024
(972) 244-7220

Authorization Form for Credit Card

Sign and complete this form to authorize Lone Star Language Academy to make a recurring credit card charge to the below credit card account. Credit Cards will be charged weekly for the Summer Camp cost of \$180. LSLA requires to give a 5-day written notice to properly affect cancellation of this agreement.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Lone Star Language Academy to charge my credit card
(full name)

account indicated below for \$180.00 per week on or after _____ This payment is for
Every Monday Morning

Lone Star Language Academy- Summer Camp 2019.
(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account/Card Number _____

Expiration Date _____

Zip Code: _____ CVC: _____

SIGNATURE _____

DATE _____

I authorize the above-named business, LSLA to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Completed Registration Packets can be emailed to ACarrera@lonestartx.org OR PCarrera@lonestartx.org



Summer Camp Registration Form
(Please check off the weeks you would like to sign up)

Dates	"Mark an X for Attendance"
Week # 1: June 3 rd - 7 th	
Week #2: June 10 th -14 th	
Week #3: June 17 th -21 st	
Week #4: June 24 th -28 th	
Week #5: July 1 st - July 5 th (Closed on 4 th of July)	
Week #6: July 8 th -12 th	
Week #7: July 15 th -19 th	
Week #8: July 22 nd -26 th	
Week #9: July 29 th - August 2 nd	
Week #10: August 5 th -9 th	



Summer Camp 2019

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