



**Our Lady's School Summer School and Summer Camp Program  
Enrollment Form for 2019**

\_\_\_\_\_AM(7:30am-12:30pm)    \_\_\_\_\_PM(12:30-5:30pm)    \_\_\_\_\_ Both(7:30am-5:30pm)

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade for 2019-20 School Year \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Enrolling Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Languages Spoken at Home \_\_\_\_\_

**Please read the following carefully and initial each section to agree.**

**Liability Release/Waiver**

- The Diocese of San Diego and Our Lady's School do not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.
- By virtue of participation, I, or my child, may risk bodily injury and /or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child.
- I release and hold harmless and will not hold legally responsible The Diocese of San Diego, Our Lady's School, its officers, contractors, subcontractors or employees with respect to any and all such injury and/or loss except that injury or loss that results from negligence or willful misconduct of one of the individuals or organizations.
- I agree to inform my child that he/she must follow all safety rules, as well as any others given during OLS' Summer School and Summer Camp Program.

**Academic Performance**

- I hereby give my consent for OLS Summer School and Summer Camp Program staff to discuss my child's academic progress and behavior with school personnel to identify areas of need and develop strategies to meet the identified needs.

**Evaluation**

- I agree to my child's participation in program evaluation activities and understand that any such involvement shall remain confidential and my child's name shall not be released or identified under any conditions.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Our Lady's School Summer School and Summer Camp Program  
Emergency Information Form for 2019**

Parent/Guardian must complete both sides of this form prior to child attending the program.

\_\_\_\_\_  
Child's Name Last First Gender

\_\_\_\_\_  
Address Street City ZIP Age

\_\_\_\_\_  
Enrolling Parent/Guardian Name Work/Cell Phone Home Phone

\_\_\_\_\_  
Email Address (Please print clearly)

\_\_\_\_\_  
Parent Name Work/Cell Phone Home Phone

\_\_\_\_\_  
Email Address (Please print clearly)

**Additional adults authorized to pick up child from program and contacted in emergency**

\_\_\_\_\_  
Name Address Phone # Relationship

\_\_\_\_\_  
Name Address Phone # Relationship

**Preferred physician and/or dentist to be contacted in case of emergency**

\_\_\_\_\_  
Name Address Phone # Doc/Dentist

\_\_\_\_\_  
Name Address Phone # Doc/Dentist

**OLS Emergency Procedures:**

Step 1 Administer basic first aid

Step 2 Call 911, if necessary

Step 3 Attempt to contact parent/guardian and/or emergency contact

Step 4 Staff accompanies child to emergency facility, if necessary

Step 5 Staff completes incident/injury report and submits to parent/guardian



**Our Lady's School Summer School and Summer Camp Program  
Health History and Consent to Medical Treatment**

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

**Child's Health History**

Does your child see a physician regularly?  Yes  No Date of last exam \_\_\_\_\_

Does your child have asthma or a medical condition that requires him/her to receive medication at school?  Yes  No If yes, please explain \_\_\_\_\_

Specify any other illness, injury or medical conditions that staff should be aware of:

\_\_\_\_\_

Please list any allergies your child has:

\_\_\_\_\_

Our summer program provides supervision of children in a 1 adult to 15 children ratio at the elementary level and 1 adult to 25 students at the middle school level. Please list any physical/programmatic or special needs your child may need to participate under the current level of supervision:

\_\_\_\_\_

Parent's evaluation of child's health:

\_\_\_\_\_

Does your child have any special fears or challenges? \_\_\_\_\_

**Insurance Statement**

Please initial one of the following 3 options and provide the required information.

\_\_\_\_\_ My child has medical/dental insurance coverage with (insurance co/HMO) \_\_\_\_\_

\_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policy holder's name (please print): \_\_\_\_\_

\_\_\_\_\_ My child has Medi-Cal coverage. Medi-Cal ID # \_\_\_\_\_

\_\_\_\_\_ My child has no medical/dental insurance coverage at this time.

**Authorization for Emergency Medical Treatment**

In case of an accident or emergency, I authorize OLS summer staff to facilitate at my expense the transportation of my child to the physician named on the Emergency Information form or to the nearest hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Summer 2019 Fees**

\$25 registration fee

\$125 per week full day 7:30am - 5:30pm (\$100 for OLS registered students)

\$75 per week half day 7:30am-12:30pm or 12:30pm-5:30pm (\$50 for OLS registered students)