

Registration for  
LASD SACC  
**SUMMER CAMP 2019**

Camper's Name: \_\_\_\_\_ M/F \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

Grade **completed** in June 2019: **Pre-K K 1 2 3 4 5 6**

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

1st Parent/Guardian: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Parent(s) Email Address**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact(s) **(Other than Parents)**: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorized Pickups: (other than parents)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Password:** \_\_\_\_\_

**OFFICE USE ONLY:** registration received: \_\_\_/\_\_\_/\_\_\_ payment received: \_\_\_/\_\_\_/\_\_\_

Payment: \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

**Registration fee: \$150.00 per student**, payable to **LASD SACC**. Registration fee may be used towards a week in August, carried over to be used for School Year SACC, or upon request, refunded. No refunds will be issued after September 6<sup>th</sup>. **If you register for Summer SACC and change your mind, we must be notified before school lets out, as your spot(s), could be given to another family. Deposits, for this reason will not be refunded after Summer SACC starts.** Your child will be registered with LASD SACC Summer Camp upon receipt of your registration fee.

Registration forms will be available at SACC and on our Districts Website. All forms must then be returned by May 24<sup>th</sup>, 2019. Without snow days after Feb.18<sup>th</sup>, Summer SACC will begin on June 3<sup>rd</sup> and conclude on August 16<sup>th</sup>.

### Pricing Information for Summer Camp 2019

<b>Student Price per Week</b>	<b>\$190.00, \$180 for 2<sup>nd</sup> and 3<sup>rd</sup> child</b>
<b>Student Price per Day, 1-4 Days</b>	<b>\$40, \$30 for 2<sup>nd</sup> and 3<sup>rd</sup> child</b>

- Each invoice will be dated for the week of service and must be filled out prior to any child attending Kelly SACC that week.
- Non-excused absences will result in loss of payment. Any absences must be reported to the following phone number (570–524-0968), **24 hours in advance**, or a valid doctor’s note must be presented. (A non-excused absence for the program is defined as a student missing a day of care without a phone call being received or without a doctor’s note not being presented).
- If a payment is made and a student is going on a vacation during the days paid for, a **three-day notification** must be made in order for credit to remain on student account.

**You can either send the required paperwork, and payment in to school with your child, or send it to:**

**Leah Shaffer**

**1951 Washington Ave.**

**Lewisburg, PA 17837**

**570-522-3207.....shaffer\_l@lasd.us**

**LASD SACC SUMMER CAMP  
SERVICE AGREEMENT Summer 2019**

Name of Child: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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<b>Days of Service:</b> MONDAY   TUESDAY   WEDNESDAY   THURSDAY   FRIDAY  Please indicate the day(s) you will MOST LIKELY will need childcare.
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<b>Please summarize how often you will be expecting to use our summer camp.</b>

<b>Child's approximate arrival time</b>	<b>Child's approximate departure time</b>	<b>Late fee</b> – after 6:00 pm \$1.00 per minute
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Services to be provided as part of the day care fee: Child care, breakfast, afternoon snack, transportation for field trips, fees for most local field trips (some field trips may have a small fee).
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**I, the parent/guardian:**

- **Agree to pay the contracted fee if any non-excused absences occur**
- **Agree to notify LASD SACC in writing three days prior to my child being absent due to vacation plans; (*Loss of payment will result in any vacations not reported*)**
- **Agree to update emergency/parental consent form information whenever changes occur.**
- **Have received a handbook containing LASD SACC summer camp program information.**
- **Agree to pay the rates listed in the registration information**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2019

SACC Administrator: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2019

**2019 Summer Camp  
SACC Health Update Form  
Lewisburg Area School District**

**Student's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**List all medications allergies:** \_\_\_\_\_

**List all food allergies:** \_\_\_\_\_

**Has your child ever needed emergency treatment for an insect/bee sting?** \_\_\_\_\_

**Does your child need a Special Diet?** \_\_\_\_\_

**List any Illnesses/Health concerns of your child:** \_\_\_\_\_

**Is your child under medical treatment for any of the above?** \_\_\_\_\_

**Has your child been admitted to the hospital in the past year?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**List the year of any diseases, operations, or major injuries your child has had:**

\_\_\_\_\_

**Please list any medications your child takes at home:** \_\_\_\_\_

**Please list any medications your child will need to take at school:**

\_\_\_\_\_

The above information is provided to ensure that my child will have a safe and healthy school experience. At times, confidential information may need to be shared with others on a need to know basis. I give permission for this information to be shared if necessary with emergency/hospital personnel, chaperones during school sponsored trips, teachers, bus drivers, administration, counselors, playground/cafeteria aides, coaches, and/or as needed with other school personnel involved with my child. (Please circle those whom may not receive health information.)

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

**2019 Summer Camp  
SACC Emergency Form  
Lewisburg Area School District**

**Please update the form information and return to SACC**

**Student's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Phone#** \_\_\_\_\_ **Father's Phone#** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Father's Employer:** \_\_\_\_\_

**If the school must contact a parent, please indicate first choice:** \_\_\_\_\_

**Emergency Contacts**

**In the event of an emergency or illness, the parent/guardian will be contacted first. Please list several other contacts, who can, in your behalf, discuss your child's health issues with school personnel, and/or can take your child home in the event that we cannot reach you.**

**Contact #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #3:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Family Healthcare Provider/Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_

**The above information can be shared in emergency situations, during school sponsored trips, or as needed with school personnel involved with my child. I give permission to the staff at Lewisburg Area School District to transport or to make arrangements for the transportation of my child to emergency care and to sign permission for treatment declared necessary immediately by a physician in the event that the persons above cannot be reached.**

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

**LASD SACC  
SUMMER CAMP 2019  
PERMISSION FORM**

Please complete all sections for which you give permission for the staff of LASD SACC summer camp to act:

**Permission for Field Trips/Bus Transportation**

My child, \_\_\_\_\_, may participate in field trips conducted by the LASD SACC program. These field trips may include but are not limited to The Public Library of Union County, LARA gymnastics, Knoebel's Grove, Lewisburg community pool, and other local places of interest.

I understand that prior notice will be given of such field trips.

I understand that bus transportation to and from the field trip will be provided and that my child is expected to follow safe bus conduct procedures.

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

**Permission to Use Sunscreen**

My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I understand that exposure to sun without the application of sunscreen may result in severe burns.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

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

**Permission for Water Activities/Swimming**

My child, \_\_\_\_\_, may participate in water play (swimming, sprinkler, water ballons, etc..) while in the care of LASD SACC with the understanding that there will be an adult present while the child is engaged in the water activity and a lifeguard will be present while the child is swimming.

I acknowledge that water activities can be dangerous and may result in serious injury or death if policies are not followed. My child is aware that failure to follow policies will result in the loss of water activity privileges. I grant my child my permission to participate in water activities.

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

**(continued on reverse side)**

## Permission to Photograph

Students may be photographed during the LASD SACC summer camp program during field trips and camp activities. First names only would be used for identification of those photographed.

My child, \_\_\_\_\_, may be photographed for:

\_\_\_ yes \_\_\_ no            newspaper

\_\_\_ yes \_\_\_ no            internet (newspaper, district website)

\_\_\_ yes \_\_\_ no            LASD SACC flyers to announce camp for the next year

\_\_\_ yes \_\_\_ no            special events (field trips, camp activities)

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

## Permission to Use Technology

\_\_\_\_\_ I give permission for my child to have access to activities involving technology: including but not limited to educational software and the Internet. I also agree that my child will comply with the conditions of acceptable use and behavior regarding the use of technology. Should my child fail to comply with these conditions, I understand that his/her technology privileges at LASD SACC summer camp may be revoked.

\_\_\_\_\_ I have decided that my child **will not** participate in the use of technology during LASD SACC summer camp.

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



# 2019 Summer Camp SACC Ambulance Permission Form

In case of an emergency, LASD SACC program is required to have your permission to transport your child via ambulance.  
Please complete the form below.

I, \_\_\_\_\_ give permission for my  
Parent's Name

child, \_\_\_\_\_ to  
child's name

be transported via ambulance to \_\_\_\_\_  
Hospital name

hospital.