



**LOURDES ACADEMY ELEMENTARY SCHOOL
SUMMER CARE PROGRAM**

Grades: Preschool* thru entering 5th grade 2026-2027 school year
(*children must be potty trained)

Children must be registered for the 2026-2027 school year to attend summer care!

Please PRINT all information:

| Child's Name | Grade (entering) | Eye Color | Hair Color | Birth Date |
|--------------|------------------|-----------|------------|------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Parent/Guardian Information:

Name/s: _____
Address: _____
Home Phone: _____ Mother Cell: _____
Father Cell: _____
Father/Guardian's Employer: _____ Work Phone: _____
Mother/Guardian Employer: _____ Work Phone: _____

EMAIL ADDRESS THAT IS CHECKED REGULARLY:

Mother: _____
Father: _____

Medical Insurance Information:

Child's Primary Care Physician: _____ Phone #: _____
Insurance Co: _____ Policy/Group # _____
Date of Last Tetanus: _____ Are immunizations up to date? Y / N
Does your child have any physical limitations or require special medications/routine (i.e. allergies, asthma, glasses, inhalers) _____

Please complete the following question so we may prepare for proper staffing:

CIRCLE the days that you will use the Summer Care program and if it will be used a half day (H) or full day (F):

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| H / F | H / F | H / F | H / F | H / F |

EMERGENCY CONTACTS: In the event a parent/guardian cannot be reached, please list name/phone# of person to contact in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

APPROVED PICKUPS: Summer personnel will release your child/ren ONLY to someone whose name appears on the list below. Names may be added and/or deleted at any time.

The following people are authorized to pick-up my/our child/ren:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

UNAUTHORIZED PERSONS: List anyone NOT AUTHORIZED to pick up your child. If you'd like to supply a picture or description of the person/s that would be appreciated.

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

All of the information on this form is correct and the child/ren herein described has/have permission to engage in all activities of the Summer Care Program. In the event my designated contact person or I cannot be reached in an emergency, I hereby give permission to the Lourdes Academy Elementary Summer Care personnel to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection(s), anesthesia, or surgery for my child named above in the case of an emergency and my designated contact person or I cannot be reached. I release from medical responsibility and liability the hospital, medical authorities, physicians, Lourdes Academy Elementary personnel and Lourdes Academy of Oshkosh, for performing medical procedures acting on the authority of this medical treatment consent form, which are deemed necessary for my minor child/ren. Furthermore, I release Lourdes Academy of Oshkosh, Lourdes Academy Elementary Summer Care Program and Lourdes Academy Elementary staff from liability from any injuries that may occur.

Signature of Mother/Guardian: _____

Print Name _____ Date _____

Signature of Father/Guardian: _____

Print Name: _____ Date: _____