

Immanuel Discovery Camp Registration

Please return all forms to the Immanuel School Office

For office use only

Family Name: _____ Address: _____

Home Phone: _____ City, State, Zip: _____

Your Name: _____ Spouse's Name: _____

Your Work Phone: _____ Spouse's Work Phone: _____

Your Cell Phone: _____ Spouse's Cell Phone: _____

E-Mail Address(es): _____

Other name or phone #'s (Please specify): _____

Authorized Drop off & Pick up Emergency Contacts:

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Child's First Name	Child's Last Name	Drop off time	Pick up time	Birth date mo/day/yr	Age as of June 1, 2018	Grade in 2018-2019

Camp Registration Fee: No. of children ____ x Choose one that applies

\$50.00 (2/1 – 3/30)

\$65.00 (3/31 – 5/18)

\$75.00 (5/18 –) = _____

**Each child is required to have a Palatine Pool Pass or a Palatine Pool Punch Card to participate on Pool Days.

Camp Shirt Sizes Needed: (# of each) Youth Small _____ Youth Medium _____ Youth Large _____
 (One shirt is provided for each camper. Adult Small _____ Adult Medium _____ Adult Large _____
 Additional shirts are available for \$7.00 each.)

Fee for additional shirts (if applicable) \$ _____

TOTAL : _____

For office use only

Immanuel Discovery Camp 2018 Schedule

Please use an X to designate which 2 days, which 3 days, or all 5 days your child(ren) will be attending.

First Name: _____

Last Name: _____

Session 6: M T W TH F

Name	7/9	7/10	7/11	7/12	7/13
Before/AfterCare Indicate B, A or BA					

Session 1: M T W TH F

Name	6/04	6/05	6/06	6/07	6/08
Before/AfterCare Indicate B, A or BA					

Session 7: M T W TH F

Name	7/16	7/17	7/18	7/19	7/20
Before/AfterCare Indicate B, A or BA					

Session 2: M T W TH F

Name	6/11	6/12	6/13	6/14	6/15
Before/AfterCare Indicate B, A or BA					

Session 8: M T W TH F

Name	7/23	7/24	7/25	7/26	7/27
Before/AfterCare Indicate B, A or BA					

Session 3: M T W TH F

Name	6/18	6/19	6/20	6/21	6/22
Before/AfterCare Indicate B, A or BA					

Session 9: M T W TH F

Name	7/30	7/31	8/01	8/02	8/03
Before/AfterCare Indicate B, A or BA					

Session 4: M T W TH F

Name	6/25	6/26	6/27	6/28	6/29
Before/AfterCare Indicate B, A or BA					

Session 10: M T W TH F

Name	8/06	8/07	8/08	8/09	8/10
Before/AfterCare Indicate B, A or BA					

Session 5: M T W TH F

Name	7/02	7/03	7/04	7/05	7/06
			N/A		
Before/AfterCare Indicate B, A or BA			N/A		



Immanuel Discovery Camp Policies

At summer camp I agree to...

- Use appropriate words and actions
- Respectfully listen to staff and other camper’s ideas and opinions
- Treat camp, school and church property properly, carefully and appropriately
- Demonstrate behavior and attitudes that reflect our Christian values at school and on field trips
- Always follow directions
- Be compliant to all rules and guidelines given for (and at) field trips and activities, including transportation
- Keep all personal belongings home unless specifically directed otherwise
- Take responsibility for materials used, returning them to their appropriate place before moving on to another activity
- Bring a personal container of non-aerosol bug repellent and sunscreen, labeled with my name to be kept in my swim bag (Children are responsible for applying the product themselves.)
- Confirm each week’s enrollment by the Friday of the prior week for staffing purposes
- Pay by the announced due date for those field trips with additional costs
- Wear Discovery Camp T-shirts on all field trip days
- Only Discovery Camp counselors and campers are allowed on field trips
- I understand that behavioral information will be shared in writing with camp staff and parents. Inappropriate behavior may jeopardize a camper’s participation in field trips or special activities or possibly put at risk continued enrollment at camp

Camper’s signature

Date

Camper’s signature

Date

Parent’s signature

Date

Camp Director’s signature

Date

Summer 2018

IMMANUEL DISCOVERY CAMP FIELD TRIP PERMISSION FORM

Please complete one form per summer camper for each field trip

I, the parent or legal guardian of _____ age _____,
do hereby request that Immanuel Lutheran Discovery Camp include my child for the
_____ field trip on _____(date).

I have completed a Liability Waiver with registration materials and recognize its application to
this field trip.

Name of parent or legal guardian (please print)

Date

Signature of parent or legal guardian

Home phone

Summer 2018

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this field trip.

Name of parent or legal guardian (please print)

Date

Signature of parent or legal guardian

Home phone

PLEASE PRINT CLEARLY AND READ THE BACK OF THIS FORM BEFORE SIGNING

IMMANUEL LUTHERAN CHURCH & SCHOOL
200 NORTH PLUM GROVE ROAD, PALATINE, ILLINOIS 60067
Phone (847) 359-1549 ♦ Fax (847) 359-1583

ANNUAL LIABILITY WAIVER AND RELEASE & MEDICAL CONSENT FORM – Minor Child Under Age 18

A parent or guardian of each Immanuel Lutheran Church & School (ILCS) student or minor child that wishes to participate in any on-site or off-site field trip, overnight trip, special event, extracurricular program or activity including, but not limited to, athletic programs, fine arts programs, extended school supervision program, and summer camp programs organized or sponsored by ILCS must complete the following Liability Waiver and Release & Medical Consent Form before his/her student/child may begin participation. This Liability Waiver and Release & Medical Consent Form needs to be completed annually for each student/child and is valid from the date signed through August 31, 2018.

PERSONAL INFORMATION of the Student/Child: Immanuel Church Member Immanuel Church/Non-Member/Guest

Name: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Class/Grade: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

TRIP, EVENT, PROGRAM/ACTIVITY INFORMATION

The above named student/child has permission to participate in (as grade applicable) the following activities held annually at Ost Field in Palatine: *Mile Run* (Grades 3 – 8), *Field Days* (Full Day PreSchool - Grade 8), and *Walk-a-Thon* (Full Day PreSchool - Grade 8). Information outlining the specifics (date, time, meals...) of each Ost Field activity will be provided throughout the year. A separate registration and/or permission form will be required for any additional field trip, special event, program, or activity a student/child may participate in during the year; these materials will outline the specifics of each additional trip, event, program or activity such as location, date, time, fees, meals, housing, transportation, and chaperones.

MEDICAL INFORMATION

Check the appropriate box if the student/child has ever had any of the following; please explain under remarks: Regular Medication Asthma
 Allergies (including drugs, hay fever, poison ivy...) Bee/Wasp Reaction Diabetes Dizziness/Fainting Epilepsy Seizures
 Heart Condition High Blood Pressure Operation in last year Physical Handicap Respiratory Problems Problem not listed

REMARKS: _____

Health Insurance Provider: _____ Policy Number: _____

Family Doctor: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship to the Minor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PUBLICITY RELEASE AUTHORIZATION

I understand photos, videos and sound recordings of students and children may be used on the Immanuel website, yearbook, brochures or other such media for the purpose of public relations, promotion of Immanuel events, recruitment, student records, historical records or other activities that serve to publicize Immanuel Lutheran Church & School. I further understand that all photos, videos and sound recordings will be taken in a public venue and will not offend Christian or civil standards, and that no written identification of any individual student/child will accompany photos, videos, or sound recordings other than those used for student and historical records. I authorize Immanuel Lutheran Church & School to take photos, videos, and produce sound recordings of the above named student or child and to use such photos, videos and sound records as follows (please initial one of the following three options):

- Include photos, videos, and sound recordings in any publication deemed appropriate by Immanuel Lutheran Church & School staff (preferred).**
 Include photos, videos, and sound recordings only for historical purposes such as student records, team and class photos, and the yearbook etc...
 Include photos, videos and sound recordings only as needed for student records.

PLEASE PRINT CLEARLY AND READ THE BACK OF THIS FORM BEFORE SIGNING

LIABILITY WAIVER RELEASE & MEDICAL CONSENT

In consideration of being allowed to participate in the Trip, Event, Program or Activity sponsored by Immanuel Lutheran Church & School, Palatine, IL; and in consideration of the benefits derived therefrom, I on my behalf and, if applicable, on behalf of the Minor named on the reverse side (the "Minor") hereby release the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church & School and their present and former trustees, officers, directors, boards, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all demands, actions, suits, proceedings, damages, claims and liabilities of any kind, whether known or unknown, which arise from or are connected with my or the Minor's participation in the event.

I am aware that in addition to typical activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions; that I or the Minor may participate in various other activities that may involve some risks, such as service projects and recreational activities. I have read the informational materials about this Event and the site and understand the risks involved in the planned activities. I recognize that the conditions, equipment or standards in some of the places which I or the Minor will travel may not be of the same quality level or standards as the conditions, equipment or standards to which I am accustomed. I realize further that there are certain health risks as well as other risks to me or the Minor and our property. I enter into participation in this Event with knowledge of those risks and acceptance of responsibility for any harm, injury or damage resulting therefrom. If for any reason I am unable to complete my stay at the Event, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or the Minor, to consent to: any x-ray, examination; medical dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect to be contacted or my family contacted as soon as possible.

I understand that this document constitutes a full and complete waiver & release of any & all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my or the Minor's participation in the Event.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected risks, damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those not disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church and School, and their agents, servants, successors, assigns, boards, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or the Minor or on our behalf, related to or resulting from any occurrence, act or omission during the Event, or travel to and from the Event.

I also hereby release and waive any and all claims for liability against any of the host churches, host institutions and the employees, agents, officers, directors, shareholders, contractors and assigns of such host church or host institution or the owner of any sites that I or the Minor may be at during the Event.

By acceptance of participation in the Event, the undersigned agrees to the foregoing and also agrees that the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church & School, and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation, equipment, strikes, acts of war or insurrection, fire, delays, theft or itinerary or schedule changes or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.

I certify the information provided on the reverse (Page-1) of this document is correct and I have read the LIABILITY WAIVER RELEASE above and understand its contents. I agree to its terms and sign this of my own free act and deed.

Minor Participant's Printed Name _____

Parent / Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name _____ Relationship to Minor: _____

Address & Phone (if not provided on Page-1): _____

PLEASE PRINT CLEARLY AND REVIEW THE REVERSE SIDE OF THIS FORM BEFORE SIGNING



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____

Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

TUITION

Express

ProCare Software

For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____

Phone # _____

Cardholder Billing Address _____

Account Number _____

City _____

State _____

Zip _____

Expiration Date _____

Cardholder Signature _____

Date _____

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.