

**2010 REGISTRATION FOR SUMMER CARE AT
SHEPHERD OF THE HILLS LUTHERAN SCHOOL AND CHILD CARE**

6914 Wurzbach Road, San Antonio, TX 78240 210-614-3741 www.shlutheran.org Summer begins June 7th

Please indicate your child's current grade level for the 2009-2010 school year _____ (The current school year)

Please check one of the following:

_____ my child is a returning summer only student

***If your child was registered as a SHLS student during the 2009-2010 school year you do not need to furnish immunization information records. However, please do fill out the appropriate emergency information below.**

_____ my child is newly registered for the summer

***If your child was not a 2009-2010 student at SHLS you must furnish immunization information records. We do not keep them from one summer to the next.**

My child will attend (check one) ___ Weekly ___ Hourly ___ Monthly

My child will attend the following weeks (circle all that apply):

June 7th-June 11th June 14th-June 18th June 21st-June 25th June 28th-July 2nd July 5th-July 9th

July 12th-July 16th July 19th-July 23rd July 26th-July 30th August 2nd-August 6th August 9th-August 13th

August 16th-August 17th these two days will be charged at a daily rate of \$30.00 per child for students not enrolled in full-time childcare for the month of August or those only enrolled for the summer.

Childcare for students in grades Pre-Kindergarten to Grade 8 will be closed on Wednesday, August 18th. The first day of school for the 2010-2011 is Thursday, August 19th.

Please Print All Information

Child's full name	Gender	Date of birth

Home Address/apt. # if applicable	City and Zip Code	Home Phone

Father's/Guardian's Name	Business Phone with extension	Cell Phone

E-Mail Address

Mother's/Guardian's Name	Business Phone with extension	Cell Phone

E-Mail Address

Your Child May Be Released To:

Name	Home Address	Contact Phone	Relationship to Child

My Child May Not be Released To (Please attach legal documentation):

→ Please turn the page to complete emergency health information.

Emergency Health Information

List any severe allergies or medical conditions, such as food allergies, medication allergies, insect bite allergies, asthma, heart problems, diabetes, epilepsy or any other condition that staff should be aware of: _____

Emergency Care Authorization

In the event that I cannot be reached, by my signature below, I give my permission for SHLS staff to contact my child's doctor or another qualified physician when deemed necessary due to a medical emergency. I further give my permission to have my child transported to an emergency room and I understand I will be notified.

Doctor's Name: _____ Address/Phone: _____

Preferred Hospital: _____ Address/Phone: _____

Parent/Guardian Signature: _____ Date: _____

IMMUNIZATION HISTORY

If your child attended SHLS during the 2009-2010 school year you do not need to include an immunization record- one is currently on file.

_____ My child attended SHLS during 2009-2010 school year and an immunization record is on file.

***If your child was NOT a student at SHLS during the regular 2009-2010 school year, please either complete the immunization history below, or you may attach a copy to this form.**

Vaccine	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5/Booster Date
DTP/DtaP					
Td Booster					
Polio					
MMR					
HiB					
Hepatitis B					
Hepatitis A			XXXXXXXX	XXXXXXXXXX	XXXXXXXX
Varicella or					
Date of Disease					

For Children age 2, 3 or 4: The Health Department requires inoculation for Invasive Pneumococcal disease. Please note any immunizations given under the name of Pneumococcal Conjugate, Prevnar, PCV or PCV7.

Pneumococcal Conjugate	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date