

***Vacation Station at Lafayette Lutheran
Registration Form***

Child's Name: _____

Mailing Address: _____

City: _____ Zip: _____

Birth date: _____ Grade: _____

E-mail address: _____

The child will be released only to the person(s) signing this application, or to the following persons:

Mother's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Mother's Cell Phone: _____

Father's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Father's Cell Phone: _____

Parent's marital status: Married Single Divorced Separated

Custody/Visiting Arrangements: _____

Physician's Name: _____ Phone: _____

Address: _____

Emergency Contact other than Parent or Doctor: (This person will be allowed to pick-up your child)

Name: _____ Relationship: _____

Address: _____ Phone: _____

I hereby grant permission for:

- _____ My child to use all of the playground equipment and participate in all activities of the school.
- _____ Any employee of Vacation Station to take whatever steps may be necessary to obtain emergency medical care if warranted.
- _____ My child to watch PG movies which may be shown at the teacher's discretion.
- _____ The administering of topical cream.

PLEASE RETURN THIS FORM WITH THE \$50 REGISTRATION FEE. PLEASE MAKE CHECK PAYABLE TO SUGAR & SPICE AND
MAIL TO: