



St. Paul's
LUTHERAN
CHURCH & SCHOOL

309 Bluff St.
Fort Atkinson, WI 53538

2024 Summer Care Program

Open to Children ages 3 (must be toilet trained) - 12 years old

Child's Name: _____ Date of Birth: _____

Current School Attending: _____ '24-'25 Grade: _____ Male _____ Female _____

Parent's Names: _____

Address: _____

Email Address: _____ Phone Number: _____

The Summer Care Program at St. Paul's Lutheran School exists to serve our community by offering a safe, caring, and enjoyable environment for children, ages 3-12 years old.

- Children will be entertained with games, crafts, outside play and activities, and much more while at St. Paul's Lutheran School (309 Bluff Street, Fort Atkinson).
- Additionally, walking trips to Frostie Freeze, and parks will be taken. Purchased snacks will be paid by the parents.
- To accommodate dietary needs, lunches and snacks must be brought from home.

Summer care is available May 28, 2024 – August 20, 2024 from
7:00AM-6:00PM (earlier care is available upon request)

Cost: \$30 supply fee to be paid with registration form. Care is
\$5/hour for each child and will be billed weekly

Thank you for enrolling your child in summer care at St. Paul's Lutheran School! If you have any questions, please feel free to contact Mrs. Becky Graumann at (920)728-1686 or via email at bgraumann@stpaulsfort.org

Completed registration forms and accompanying items may be given or sent to Mrs. Becky Graumann.

The above information is true and complete.

Along with this registration form, I have submitted my \$30 supply fee (check payable to St. Paul's School) and Emergency Contact Card.

I also give permission for my child to go on walking trips with their leader.

Signature _____

Date _____

"Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."

Matthew 19:14

EMERGENCY AND ILLNESS CARD -- ST. PAUL'S LUTHERAN SCHOOL & PRESCHOOL

(Please use pencil so cards can be updated)

Student's name _____ Date of birth _____ Grade _____
(Last) (First) (Middle)

Address _____

Name of parents _____ Home phone _____

Father's cell phone _____ Mother's cell phone _____

Father's email _____ Mother's email _____

Father's employer _____ Phone _____

Mother's employer _____ Phone _____

If neither parent can be reached, whom can we contact? (Person must have a phone.)

1. Name _____ Phone _____

2. Name _____ Phone _____

Family Doctor _____ Phone _____

Please list any unusual health conditions that we should be aware of such as allergies, asthma, diabetes, etc.

What medications does your child take regularly? _____

Reason for medication _____

Signature of parent _____ Date _____