

A "NOT SO BUMMER SUMMER #1" 2021

REGISTRATION FORM

Fill out and RETURN to HTS Summer Program

A \$25. REGISTRATION FEE IS REQUIRED FOR EACH FAMILY. PARENT IS RESPONSIBLE FOR WEEK(S) CHECKED. WITHDRAWAL FROM PROGRAM MUST BE MADE ONE WEEK IN ADVANCE. PAYMENT IS REQUIRED ON THE MONDAY OF THE BEGINNING WEEK. A \$25 LATE FEE WILL BE APPLIED FOR DELINQUENT PAYMENTS AFTER MONDAY

PARTICIPANT(S) INFORMATION

CHILD NAME (1): _____ (Nickname) _____

Grade entering in Fall '21 _____ SCHOOL _____

T-SHIRT SIZE: (Circle) _____ YOUTH: YXS - YS - YM - YL - YXL ADULT: S - M - L - XL

CHILD NAME (2): _____ (Nickname) _____

Grade entering in Fall '21 _____ SCHOOL _____

T-SHIRT SIZE: (Circle) _____ YOUTH: YXS - YS - YM - YL - YXL ADULT: S - M - L - XL

CHILD NAME (3): _____ (Nickname) _____

Grade entering in Fall '21 _____ SCHOOL _____

T-SHIRT SIZE: (Circle) _____ YOUTH: YXS - YS - YM - YL - YXL ADULT: S - M - L - XL

PRIMARY PARENT/GUARDIAN (1): _____ Relationship to Child(ren) _____

ADDRESS: _____ CITY _____ ZIP CODE _____

Home Phone _____ Cell Phone _____ Work Phone _____

EMAIL ADDRESS _____

PARENT/GUARDIAN (2): _____ Relationship to Child(ren) _____

ADDRESS: _____ CITY _____ ZIP CODE _____

Home Phone _____ Cell Phone _____ Work Phone _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (other than parent/guardians)

Name: _____

Relationship to Child(ren): _____

Phone: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD(REN) FROM HTS SUMMER PROGRAM 2021:

(other than the parent/guardian)

1. _____ (Relationship) _____

2. _____ (Relationship) _____

3. _____ (Relationship) _____

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Please fill out what you think you might need. Put an *asterisk for any "tentative" weeks.

We can confirm closer to summer via email or NO LATER than ONE WEEK NOTICE with schedule changes for week(s), day(s) or field trip(s) without a cancellation fee!

Please **CHECK OFF** the week(S) and **CIRCLE** the day's your Child(ren) will attend:

	WEEK ONE M - T - W - Th - F	June 28- July 2	Space Week
	WEEK TWO T - W - Th - F	July 6- 9	Superhero Week <i>*CLOSED JULY 5th*</i>
	WEEK THREE M - T - Th - F	July 12-16	DISNEY WEEK
	WEEK FOUR M - T - W - Th - F	July 19-23	Dinosaur Week
	WEEK FIVE M - T - W - Th - F	July 26-30	Under the Sea Week

Please put your **INITIALS** if you agree with the following:

- I agree that ALL of REGISTRATION FORM (pg.1) and the above REGISTRATION FORM (pg. 2) has been completed to the best of my knowledge.
- I agree for my Child(ren) to be photographed during Summer Program, which may appear on school social media.
- I agree to inform the summer program immediately if any of the above information changes throughout the summer.
- I understand that if I don't inform the Program Director of a schedule change for any day(s), week(s) or Field Trip(s) signed up for with a ONE WEEK NOTICE, I will be charged a \$25 cancellation/withdrawal fee (injury or illnesses does not apply)
- I understand that in the event my child is not picked up on time I will be charged an additional \$10 late fee for every 10 minutes my child(ren) is picked up AFTER 3:00pm.
- I understand that if my account is delinquent, a \$25 late fee is added and my child(ren) will NOT be able to attend HTS's Summer Program for the following week until my account is brought back up to date.

PARENT/GUARDIAN (Print Name) _____

Signature: _____ Date _____

"A Not So Bummer Summer #1"

SUMMER PROGRAM 2021 TUITION INFORMATION

Dates:

June 28th - July 30th

5 Weeks

No school Monday, July 5th

PLEASE CIRCLE YOUR CHOICE OF PROGRAM (S)

ALL REGISTRATION FORMS & PREPAID TUITION PAYMENTS MUST BE SUBMITTED BY JUNE 1st
ALL REGULAR PROGRAM TUITION PAYMENTS MUST SUBMITTED BY OR ON THE MONDAY PRIOR TO THE
SCHEDULED WEEK(S)

Full-Day:

Time:

8:00 AM - 3:00 PM

Tuition:

\$250.00 Per Week

\$1,250.00 Program

\$1,100.00 Prepay Program

2nd Child:

\$225.00 Per Week

\$1,125.00 Program

\$1,000.00 Prepay Program

Half-Day:

Time:

8:00 AM - 12:00 PM

Tuition:

\$200.00 Per Week

\$1,000.00 Program

\$900.00 Prepay Program

2nd Child:

\$180.00 Per Week

\$900.00 Program

\$810.00 Prepay Program

SUMMER PROGRAM 2021 TUITION SUMMARY

Program Charge Cost: _____ # of Children: _____ Total: _____

Weekly Charge Cost: _____ # of Children: _____ Total: _____

All tuition payments will be administered via HTS's FACTS Tuition Program.

HEALTH HISTORY PROFILE

Fill out **ONE PER CHILD** and RETURN to HTS Summer Program 2021

THIS MUST BE COMPLETED FOR **EACH CHILD**:

PARTICIPANTS INFORMATION

CHILD NAME: (Last, First, Initial)	DATE OF BIRTH:	AGE:
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PARTICIPANTS INSURANCE INFORMATION

CARRIER:	ID NUMBER:	GROUP NUMBER:
MEMBER SERVICES PHONE NUMBER:	I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.	
LICENSED PHYSICIAN NAME:	PHONE:	

PARTICIPANTS HEALTH HISTORY (Circle ALL that apply)

DISEASES	ALLERGIES	CHRONIC OR RECURRING ILLNESSES	CHRONIC OR RECURRING ILLNESSES contin...	IMPAIRMENTS
+ Kidney + Lyme + Mumps + Measles + Tuberculosis + Chicken Pox + Rheumatic Fever + Other _____	+ Animals + Food * + Hay Fever + Insect Stings * + Plants + Pollen + Medicine/Drugs + Other _____ <i>* If yes, epipen must be provided</i>	+ Seizures + Asthma + Arthritis + Sinusitis + Diabetes + Hypertension + Ear Infections	+ Heart Defect/Disease + Bleeding Disorders + Musculoskeletal Disorders + Frequent Headaches + Other _____	+ Speech + Hearing + Sights + Physical + Other _____

Does participant carry an epipen? + YES + NO

Does participant carry an inhaler? + YES + NO

Can participant self-administer inhaler? + YES + NO

RESTRICTIONS (Please circle ALL that apply for the following restrictions)

Does not eat: + Red meat + Pork + Poultry + Seafood + Dairy Products + Eggs + Peanuts + Wheat + Gluten + Other

Explain any restrictions to food or activity:

GENERAL QUESTIONS (Please circle all that apply - Explain "yes" answers below)

Has/does the participant:	YES	NO	Has/does the participant:	YES	NO
1. Had recent injury, illness, or infectious disease?	+	+	9. Any orthodontic supplies being brought to the program?	+	+
2. Ever had a head injury?	+	+	10. Take any PRESCRIPTION MEDICATION?	+	+
3. Wear glasses, contacts or protective eyewear?	+	+	If you answered "YES" to any of these questions please provide the question number. Attach additional information if needed _____ _____ _____ _____ _____		
4. Ever passed out during exercise?	+	+			
5. Ever had emotional difficulties for which professional help was sought?	+	+			
6. Have frequent / or prone to nosebleeds?	+	+			
7. Have any skin problems? (itching, rashing)	+	+			
8. Have severe menstrual cramps?	+	+			

I agree that the HEALTH HISTORY FORM (pg.3) and the above information has been completed to the best of my knowledge and assume responsibility for the health of my child.

PARENT/GUARDIAN (Print) _____

Signature: _____ Date _____

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MEDICAL MATTER:

Please put your **INITIALS** if you agree with the following:

_____ I hereby warrant that to the best of my knowledge, my child(ren) is in good health, and I assume responsibility for the health of my child(ren), and for the cost and expense of any medical treatment should such become necessary while my child is participating in the above named events.

_____ I hereby give my consent, to HTS staff and/or a currently certified first aider to give necessary first aid/CPR to my child.

_____ I hereby give my consent, to the person in charge at HTS to obtain and consent to, on my behalf, whatever medical diagnosis treatment is deemed necessary or advisable by such person for the well-being of my child.

_____ I hereby give consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or health care facility while my child is participating in the above names events.

_____ Further, I hereby release and discharge Holy Trinity employees, chaperones, volunteers from any and all liability arising out of such medical treatment.

MEDICATION: If your child needs medication administered WHILE attending the summer program we need the medication BEFORE he or she can start the program. ALL MEDICATIONS need to be in their ORIGINAL BOXES. The **MEDICAL AUTHORIZATION FORM** must be CURRENT and match the MEDICATION prescribed specifically. ALL OTC medications need to be in NEW and unopened packages.

Don't forget to join our REMIND group to keep up with all our updates and reminders throughout the weeks!

Text: @hts21 to 81010 OR add our class code by the app: @hts21

PARENT/GUARDIAN (Print) _____

Signature: _____ Date _____