

## St. Lawrence Martyr Summer School Registration | July 2026

Please complete a separate form for each child attending Summer School or Summer Camp.

Name of Student: \_\_\_\_\_ Fall Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender :  Female  Male

E-mail: \_\_\_\_\_

T-shirt size for Summer Camp:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

### Parents/Guardians

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Persons authorized to take your child from the school facility:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Medical problems, allergies or medication usage must be indicated for any child participating in the summer school program. A medical release form is written below and will be used in case of emergencies. It is extremely important that this form be completed for each child participating in the summer school program.

Allergies/medical conditions we should be aware of:

\_\_\_\_\_

Yes my child needs an EpiPen  Yes my child needs an inhaler

My child will carry an EpiPen/inhaler with them at all times

\_\_\_\_\_ I prefer that the EpiPen/inhaler be kept in the summer school office and will provide one to the office on the first day of school.

To Whom It May Concern:

I/We give permission for any emergency medical care for: (list children's names)

Student Full Name: \_\_\_\_\_

who is enrolled in the Saint Lawrence Martyr Summer School/Camp Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUMMER CAMP FIELD TRIPS**

**Required for Summer Camp attendance.** Not required for Summer School attendance only.

Student Full Name: \_\_\_\_\_

I give my permission for the student named here to participate in walking across the street and traveling on buses for St. Lawrence Martyr Summer Camp field trips.

### **PHOTO AUTHORIZATION**

\_\_\_\_ I give permission for photos

\_\_\_\_ I do not give permission for photos

St. Lawrence Martyr Summer School and Summer Camp permission to post pictures of the below named student on bulletin boards, in PowerPoint presentations, the school's social media accounts, and on school and camp websites. I hereby, waive the right to compensation. I understand that only pictures taken at official Summer School and Summer Camp events will be posted and that student's full name will not be used.

Student Full Name: \_\_\_\_\_

### **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY**

The undersigned parent/guardian agrees to indemnify and hold harmless, St. Lawrence Martyr School and all their agents, employees, consultants (paid or volunteer) from any loss or liability arising out of the Summer Camp Program, as such loss or liability related to the child covered by this contract. The accident insurance held by the school for each student covers the student(s) in the Summer Camp as well. I hereby certify that I have read and understand the policies as outlined in this St. Lawrence Martyr School's Summer School and Summer Camp Program Registration Form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **COSTS AND REFUND POLICY**

Refunds of 50% per child will be given for any withdrawals made prior to June 22, 2026. Any withdrawals after that date will not receive a refund. There will be no refunds on the summer school fees/class material fees should a student be absent during the summer session.

**PLEASE NOTE: All schedule changes will be charged a change fee of \$10 per change.**

**Classes are subject to change.**

## **Drop-off and Pick-up**

Please use the Church parking lot for drop-off and pick-up of your child.

For safety reasons children must not be dropped off prior to 8:45am. unless accompanied by an adult until that time. Any student arriving before 8:45am. must be signed into morning day care with a drop off fee of \$8.00.

No student is allowed to leave the school campus prior to the 12:00pm. dismissal without having an authorized adult sign him/her out with the school director. Parents may pick their child/children up from their teacher in the designated area only. Please do not have them meet you anywhere else or take them while walking to their area.

Children must be picked up by 12:15pm. in the designated area with their teacher each day, unless they are previously enrolled in summer camp. There is no supervision at St. Lawrence Martyr School after 12:15pm.

## **Absences**

Please call the summer school office at 310-316-0877 by 9:00 a.m. so we can inform their teachers. This phone number is to be used only from July 6th to the 31st.

## **Cell Phones**

**Students are not allowed to use their cell phone during the summer school session from 8:45 a.m. to 12:15 p.m.** Should your child need to make a phone call they are to use the summer school office phone while the director is there. Please inform your children of this before the first day. **Smart watches are also not allowed.**