

EARLY
REGISTRATION
MARCH 1 - APRIL 30
\$100 per student

LBES SUMMER PROGRAM

Registration Form

JUNE 7- JULY 16, 2021

REGISTRATION
AFTER APRIL 30th
\$150 per student

Student's Name _____ Grade this Fall _____ Age _____

Parent's name(s) _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Emergency Contact: _____ Emergency Contact Phone _____

Food Allergies? _____ Does this student use an EPI pen? _____

PROGRAM CHOICE & TUITION COSTS:

- HALF DAY 7:30 AM - 12:00 PM - \$900/ sibling rate \$750
 FULL DAY 7:30 AM - 3:00 PM - \$1,250/ sibling rate \$1,100

Hot Zippy Lunch \$105 _____ (6 weeks)

Date Pymt Recd _____ Amt _____ Ck# _____ Cash _____ CC _____



AGREEMENT

1. The Registration Fee is non-refundable and must be paid prior to your child being placed on the Summer School Enrollment List
2. Early Registration Fee- \$100 from March 1 - April 30, 2021 : May 1st Registration is \$150. Students placed on a waiting list will have \$150 registration fee. Tuition is due in full by June 7.
3. I **give** permission for my child's image or photo to be used for promotional material for LBES/ I **do not** give permission (Circle one)
4. Students who do not follow the Dress Code or Student Code of Conduct may be dismissed from the program with no refund.

DRESS CODE POLICY & STUDENT CODE OF CONDUCT

Summer School students are allowed to wear regular clothes to school (no uniforms). We ask that their attire is modest, loose fitting, and in good shape. Shorts should be no shorter than mid-thigh. Pants should fit properly. Shirts cannot have any prints that promote violence, drug use, or obscene or vulgar language. If leggings are worn, the t-shirt must cover the torso and buttocks. Tennis Shoes/ sneakers is the ONLY shoe accepted for Summer School. LBS has the right to deem any clothing inappropriate.

Lanakila Baptist Schools has a ZERO tolerance for bullying. We expect students to show RESPECT at all times, OBEY authority, ASK PERMISSION, Work hard and have Fun.

MEDICAL CARE AUTHORIZATION

I/we request that the school contact me/us if an injury or accident occurs. If the school cannot reach a parent or guardian, I/we give permission for school staff to call paramedics or emergency medical services if deemed necessary. If a life threatening emergency arises for my child, I/we give permission for the school to immediately call paramedics or emergency medical services, and then contact me/us as soon as possible thereafter. I/we understand that every effort will be made to reach me/us prior to rendering any treatment but if immediate treatment is needed, it will not be withheld if the authorized adults cannot be reached.

I/we understand that the school does not provide accident/medical insurance for the students and that all costs for medical treatment is my/our responsibility and not that of the school. If my/our child needs to be transported to a medical facility, I/we understand that they will be taken to the nearest hospital. I/ We give our permission for school authorities to take appropriate action for the safety and welfare of my child.

PRINT

NAME _____ SIGNATURE _____ DATE _____