

Luther Memorial School

Summer Quest Application 2016

Please return completed application with all signatures to the school.

Application, Part 1 *General Information*

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: M F Birth Date: _____ Grade in September '16: _____

School Now Attending: _____

Home Address: _____

Home Phone #: _____

Child lives with (please circle) Mother, Father, both Mother and Father, Guardian

Mother's name: _____ Mother's email: _____

Mother's home #: _____ work#: _____ cell#: _____

Father's name: _____ Father's email: _____

Father's home #: _____ work#: _____ cell#: _____

Authorized pick-up for applicant (other than parents or guardian) Please list names and phone #

1. _____
2. _____

I agree to allow my child to be transported by a chartered bus to off-campus facilities or activities that are part of the regularly planned program.

By signing this application I understand that if a minimum number of students do not sign up for the classes I have signed my child up for the class will be cancelled and I will be given a credit to pick another class to enroll my child in. I will be notified one week prior to the start date if my child's class has been cancelled.

****Parent Signature:** _____

Application, Part 2 *Health Information*

Emergency contact person: _____

Home #: _____ Work#: _____ Cell#: _____

Physician's name & phone#: _____

Dentist's name & phone#: _____

Insurance Company: _____

List any allergies, physical limitations, or special conditions of which we should be aware: _____

List any activities in which your child should not participate due to health reasons: _____

I certify that all information given is correct, and that my child has permission to engage in all scheduled activities except those noted above. If I am notified of illness, arrangements will be made for immediate pick-up of my child. In the event I cannot be reached in a medical emergency, I hereby give permission to the physician or hospital selected by the Summer Programs Director or Head of Luther Memorial School to treat my child.

****Parent Signature:** _____

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Summer Quest Registration Form 2016

Last Name: _____ First Name: _____

Application Part 3 Registration and Calculation of Tuition

Camp/Session Choice (Please check (X) as appropriate):

For Tuition and Extended Day rates, please refer to the brochure.

I. Young Adventurers (Preschool – Rising Second Grade)

Session 1 (June 13–June 17)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 2 (June 20 – June 24)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 3 (June 27 – July 1)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 4 (July 5 - July 8)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 5 (July 11-July 15)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 6 (July 18-July 22)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Session 7 (July 25 –July 29)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Lunch	_____ Bag	_____ Hot	\$ _____

Total Amount Due for all Young Adventurers Camps \$ _____

II. LMS Arts Experience (Rising Third Grade – Ninth Grade)

Session 1 (June 13 –June 17)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 2 (June 20 - June 24)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 3 (June 27 – July 1)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 4 (July 5- July 8)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 5 (July 11-July 15)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 6 (July 18-July 22)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Session 7 (July 25-July 29)	_____ Camp Only	_____ Camp w/Extended Day	\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M. _____	
Class: 1 st choice P.M.	_____	2 nd choice P.M. _____	
Lunch	_____ Bag	_____ Hot	\$ _____

Total Amount Due for all LMS Arts Experience Camps \$ _____

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Summer Quest Registration Form 2016 – Cont.

III. LMS Learning Experience (Third Grade – Rising Ninth Grade)

Session 1 (June 13 – June 17)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Session 2 (June 20 – June 24)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Session 3 (June 27 – July 1)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
 Session 4 (July 5- July 8)	 <input type="checkbox"/> Camp Only	 <input type="checkbox"/> Camp w/Extended Day		 \$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Session 5 (July 11-July 15)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Session 6 (July 18-July 22)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Session 7 (July 25-July 29)	<input type="checkbox"/> Camp Only	<input type="checkbox"/> Camp w/Extended Day		\$ _____
Class: 1 st choice A.M.	_____	2 nd choice A.M.	_____	
Class: 1 st choice P.M.	_____	2 nd choice P.M.	_____	
Lunch	<input type="checkbox"/> Bag	<input type="checkbox"/> Hot		\$ _____
<u>Total Amount Due for all LMS Learning Experience Camps</u>				\$ _____

Please return completed application with all signatures to the school by mail, email or fax:

Payments can be made by check payable to *Luther Memorial School* or by credit card - please check one:

Payment made by: Check Credit Card (*MasterCard or Visa*)

Credit Card Authorization

Name _____

Address _____

CC# _____ Exp. _____

Amount \$ _____

Luther Memorial School, 1301 Robin Hood Road, Richmond, VA 23227

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(P) #804-321-6420 (F) #804-321-2884

