

SCS SUMMER PROGRAM 2022

PLEASE FILL OUT & RETURN INFORMATION TO THE SCHOOL OFFICE; **1 Form per child**

(Grade Exiting)

CHILD:

AGE:

GRADE:

PLEASE READ CAREFULLY AND INITIAL EACH

_____ I HAVE ATTACHED THE \$60 REGISTRATION FEE.

_____ I UNDERSTAND THAT I **CANNOT JUST “DROP OFF” MY CHILD.** I MUST SIGN IN AT THE TIME OF ARRIVAL. **NO “IOU’S”!!!**

_____ I UNDERSTAND THAT MY CHILD NEEDS TO BRING A LUNCH, AND IF MY CHILD IS EXITING KINDERGARTEN – SECOND GRADE, I ALSO NEED TO PROVIDE A BLANKET, PILLOW, AND READING BOOK. OLDER STUDENTS MUST BRING A CHAPTER BOOK DAILY.

_____ I UNDERSTAND THAT IF I AM LATER THAN 6 P.M., I MUST PAY THE WORKER ON DUTY \$5 FOR BEING 1-5 MINUTES LATE, AND \$1 PER MINUTE AFTER THAT. MY LATE PAYMENT WILL BE DUE AT THE TIME OF PICK UP.

DISCIPLINE

GENERAL STATEMENT

The Stockdale Christian School Summer Program is dedicated to the training of students in a program of study, activity, and living that is “applied Christianity.” We believe that all students should be taught to feel a God-given responsibility to walk honorably. Our discipline procedures are always viewed in a positive and restorative sense. Our staff will maintain standards of behavior in the classroom with kindness, love and genuine regard for their students. The Matthew 18 Principle will be used. However, when disobedience occurs, and disciplinary action becomes necessary it will be firmly and fairly carried out. Students shall be responsible for their own behavior. They will be expected to obey all rules and regulations developed by the staff for the orderly operation of our program. Therefore, each student is personally responsible for behaving in a way that helps create a positive learning environment that is not degrading to himself or to others. **The administration reserves the right to deal with any and all actions not covered by these policies and procedures.**

PARENT AGREEMENT

Any parent whose child is enrolled in Stockdale Christian School Summer Program must agree to our discipline and training policies in order to be enrolled in the program. Please be assured that these policies will be applied consistently and fairly by our staff. You must remember that this is not our unique way of child training, but it is God’s way of child training, for we are claiming the scripture promise to “train up a child in the way he should go and when he is old he will not depart from those ways.” Proverbs 22:6

As a parent, I agree to suppose the Stockdale Christian Summer Program staff. My child and I understand that attending Stockdale Christian School’s Summer Program is a privilege and that if undesirable behavior persists; my student can lose the privilege of attending Stockdale Christian School’s Summer Program.

STOCKDALE CHRISTIAN SCHOOLS SUMMER PROGRAM

EMERGENCY FORM; 1 PER CHILD

TO BE COMPLETED BY PARENT OR GUARDIAN

CHILD'S NAME:	DOB:
ADDRESS:	GRADE EXITING:
FATHER'S NAME:	CELL #:
MOTHER'S NAME:	CELL #:
FATHER'S WORKSPACE:	WORK #:
MOTHER'S WORKPLACE:	WORK #:

Student resides with: _____

WHO SHOULD BE CALLED IN CASE OF AN EMERGENCY?

NAME	RELATIONSHIP	PHONE #

PRIMARY CARE PHYSICIAN

NAME:	PHONE:	ADDRESS:

PLEASE INDICATE WHAT YOU WOULD LIKE FOR US TO DO IF YOU OR THE PHYSICIAN CANNOT BE REACHED (NAME OF HOSPITAL WE SHOULD TAKE CHILD TO).

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PLEASE LIST ALL PERSONS AUTHORIZED TO TAKE CHILD FROM OUR FACILITY. (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN).

NAME	RELATIONSHIP

IS THERE ANY FURTHER INFORMATION THAT WE NEED TO BE AWARE OF SUCH AS ALLERGIES, ILLNESS, SPECIAL FAMILY CIRCUMSTANCES OR CURRENT MEDICATION?

PLEASE LIST:

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MEDICAL AUTHORIZATION FORMS NEED TO BE COMPLETED IF CHILD WILL BE TAKING MEDICATION DURING SUMMER SESSION. PLEASE OBTAIN FROM SCHOOL OFFICE.

HEALTH HISTORY 2022

DATE: _____ CHILD'S NAME: _____ DOB: _____ AGE: _____

HAS HE/SHE HAD:	YES	NO		YES	NO
An Attack of Appendicitis			Severe Allergies		
Asthma or hay fever			Scarlet Fever		
Hernia (rupture)			Significant disease, injury or operation		
Rheumatic fever			Is his/her activity restricted due to medical reasons?		
Diabetes			Is he/she under medical care requiring medication?		
IS HE/SHE SUBJECT TO:					
Sinus Trouble			Allergic to aspirin		
Fainting Spells			Poison Ivy, Oak or Sumac		
Ear Trouble			Reaction to penicillin		
Convulsions			Nervousness or easily upset		

If "YES" answered to any HEALTH HISTORY questions, please explain here:

List any physical restrictions _____
