

Registration Form

Please complete a separate registration form for each child. Photocopies are acceptable.

Please fill out reverse side **Full balance is payable with registration**

Please print clearly.

Child's Name: _____ M__ F __ Birth Date: _____

Entering Grade: _____ School Attending: _____

Parent Name(s): _____

Street Address: _____ Home Phone: _____

City/Zip: _____ Work Phone: _____

Cell/Pager #(Dad): _____ Cell/Pager #(Mom): _____

E-mail address: _____ Student T-Shirt size: (Youth or Adult) S M L XL

Summer Program:

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Class _____ Week _____ Date _____ Time _____ Cost _____

Total cost of classes _____

Make check payable to:
Lake Ridge Academy

Mail to:
Lake Ridge Academy
Attn: Cindi Seidel
37501 Center Ridge Road
North Ridgeville, Ohio 44039

For more information, contact:
Katherine Hatcher
(440) 327-1175 ext. 240
hatcherk@lakeridgeacademy.org

To registration via credit card: Visa _____ Mastercard _____ Signature _____

Credit Card # _____ 3 Digit Security Code # _____ Exp. _____

EXTENDED DAY OPTIONS:

Please indicate below if you think your child will be attending our Extended Day Program.

_____ Pre-Camp Program (8:00 – 9:00 a.m., \$5.00/day): _____ After Camp Program (4:00 – 5:30 p.m., \$6.00/hour)

Circle all that apply - **M T W R F**

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Students remaining in Extended Day past 5:30 p.m. will incur a late fee at the rate of \$1/minute.

I understand and agree to the above Extended Day policies.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP AUTHORIZATION:

My son/daughter, _____ who is currently in Grade _____, has my permission to participate in all Lake Ridge Academy summer school related trips.

I understand that a Lake Ridge school bus, van or vehicle contracted by the school may be used for transportation on these trips.

In granting this permission, I hereby release Lake Ridge Academy, its employees or agents, the driver of the vehicle in which my child is traveling, and the chaperones, of any liability connected with any of the summer school related trips. I further understand that by giving this permission, I need only notify Lake Ridge Academy if I do not wish my child to participate in a particular trip.

Parent/Guardian Signature: _____ Date: _____

MEDICAL AUTHORIZATION:

In the event of a child's serious illness or accident occurring while he or she is at camp or elsewhere under camp supervision, the camp's policy is to first notify the student's parent/guardian, then their physician, as designated below, as soon as reasonably possible. However, if the camp is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the camp to take such emergency measures as seem reasonably necessary under the circumstances, including treatment and/or surgery by an available physician and/or in a nearby hospital.

Please
Print
Legibly

Hospital Insurance Company: _____

Policy Number: _____

Emergency Name (*other than parent*): _____

Phone: () _____ Phone: () _____

Emergency Name (*other than parent*): _____

Phone: () _____ Phone: () _____

Signature of Parent or Guardian: _____ Date: _____

Are Immunizations up to date? ___Y___N Date of last Tetanus: _____

Injuries/Illnesses/Operations in the past year? _____

Conditions for which camper is currently under treatment or supervision: _____

Name/dosage of prescribed medications: _____

Given at home: _____

To be given at camp: _____

*If medication is to be given at camp, a current doctor's order and parent authorization form must be submitted.
Medication must be provided in its properly labeled prescription bottle.*

Allergies (include; medications, foods, inhalants, stinging insects, etc.): _____

Restrictions in physical activity: _____

Physician's Name: _____ Phone: () _____

Dentist Name: _____ Phone: () _____

Additional information the Director should know about (please be specific): _____

PHOTO AUTHORIZATION:

I hereby authorize Lake Ridge Academy, its agents and employees to use photographic images or likenesses of the enrolled child for the use and benefit of Lake Ridge Academy's summer program in its publications, marketing and promotional materials.

Signature: _____ Date: _____