



Registration for 2019 Summer Eagle Club Camp

What is your child doing this summer?

Sitting around watching TV, playing video games

or

Going on field trips, planting a garden, playing sports, making new friends and learning while having fun.

Come to Eagle Club this summer for a week, a month or the whole summer.

In-coming four-year-old preschool children to 5th grade.

- A learning-based summer program, which includes, music, art, technology, physical activity, summer literacy, math, science and computers.
- Growing a garden
- Cooking
- Meal planning
- Community projects
- Jewelry making
- Water day
- Bike day
- Field trips
- Low student/staff ratios
- CPR/First Aid certified staff
- Licensed facility
- Reasonable rates
- Security door
- Breakfast and snack provided



REGISTER BEFORE May 15, 2019

Summer School Transportation provided to and from Middle School.

For information visit:

www.lindenschools.org

Argentine Early Childhood Center

8483 W. Silver Lake Rd

Linden, MI 48451

810.591.0320





SUMMER EAGLE CLUB CAMP
PROGRAM REQUEST FORM
2019



Student: _____ Sex: M F
Last Name First Name Middle Name

Address: _____ City: _____ Zip Code: _____
Number Street Apt.

Date of Birth: _____ Home Phone: () _____ Cell Phone: () _____
Month Day Year

Parent/guardian name: _____ Relationship: _____

Parent/guardian name: _____ Relationship: _____

PROGRAM ENROLLMENT

Please check all that apply:



Summer Camp for PK 4 year olds to 5th grade

Daily (minimum 2 days) Drop Off _____ Pick Up _____

_____ M _____ T _____ W _____ Th _____ F

Entering Grade for 2019-2020: _____

PROGRAM FEES

Enrollment Fee (non-refundable) \$ 55.00

Administration Fee for Second Child \$ 20.00

Summer Eagle Club \$ _____
First week tuition

TOTAL DUE \$ _____

Cash Check No: _____ Credit Card

*Make checks payable to **LINDEN COMMUNITY SCHOOLS**

PLEASE NOTE

Your child is NOT enrolled into Eagle Club until all paperwork and enrollment fees are complete.

SUMMER CAMP

6:30 am - 6:00 pm Weekly Fee \$160.00

6:30 am - 6:00 pm Daily Fee \$40.00*

*Minimum two (2) days per week enrollment

Argentine Elementary

Early Childhood Center

8483 W. Silver Lake Rd.

Linden, MI 48451

810-591-0320

EAGLE CLUB PHONE:

(810) 869-5864

www.lindenschools.org

Learning. Creating. Succeeding.



Failure to remit payments on time may result in late fee assessment of \$10 and/or removal from program(s).

All cash payments must be made in exact amount due.

Checks are to be made payable to Linden Community Schools.

Non-sufficient fund checks will be assessed a \$10 fee.



Date of Admission: _____

Date of Discharge: _____

Elementary: _____

Court Order on File: ___ Yes ___ No

Health Care Plans on File: ___ Yes ___ No

CHILD CARE – EMERGENCY INFORMATION RECORD

PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL

Student: _____ **Sex:** M F **Grade:** _____
Last Name First Name Middle Name Circle

Address: _____ **City:** _____
Number Street Apt.

Zip Code: _____ **Home Phone:** _____ **Date of Birth** _____
Area Code Month Day Year

With whom does child reside: _____
Last Name First Name(s) Relationship

Email address _____

In the event of an emergency, please indicate the parent/guardian whom we should contact first/second:

Parent/Guardian Last Name First Name

Street Number Street City

Order

Home Phone: _____
Area Code

Cell Phone: _____
Area Code

Work Phone: _____
Area Code

Employment: _____

Parent/Guardian Last Name First Name

Street Number Street City

Order

Home Phone: _____
Area Code

Cell Phone: _____
Area Code

Work Phone: _____
Area Code

Employment: _____

“Emergency Contact” persons the school may contact if parent/guardian cannot be reached:

1. Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____
Area Code Area Code

2. Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____
Area Code Area Code

3. Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____
Area Code Area Code

(Please Note: Only the above-listed persons will be permitted to pick your child up from school. If necessary, prior arrangements may be made in advance with the school principal for a person, other than one listed above, to pick up your child.)

CHILD CARE – EMERGENCY INFORMATION RECORD

If the information is not known or does not apply, “unknown” or “none” is the required response. A blank field, a line through a field or “N/A” are not acceptable responses.

Child’s known medical conditions: _____

Child’s known activity restrictions: _____

Child’s known allergies: _____

Will school personnel will be responsible for administering medication to the child? _____ Yes _____ No

- If school personnel is to administer prescription medication to the child, written authorizations from the child’s physician must be provided prior to any medication being administered by Linden Community School’s staff members. It is the responsibility of the parent/ guardian to supply all medication to the school.

Medication child is currently taking: _____

Physician/Health Clinic Name: _____

Physician/Health Clinic Phone: _____ Hospital Preference: _____
(Area Code)

Please Note:

- Written authorization from your child’s physician must be provided prior to any medication being administered by Linden Staff Members. It is the responsibility of the parent/guardian to supply all medication to the school.
- The child is in good health with activity restrictions noted. The child’s immunizations are up to date. The immunization record or appropriate waiver is on file with the child’s school building.
- An initial registration fee must be paid at the time of registration to ensure placement. I agree to pay all tuition fees by the specified due date. Failure to submit payment on time may result in late fee assessment of \$10.00 and/or removal from program(s). All cash payments must be made in exact amount due. Checks are to be made payable to Linden Community Schools. Non-sufficient fund checks will be assessed a \$10 fee. I agree to pay the “late pick-up” fee of \$3 per minute, per family, at the discretion of the Program Director.

I hereby give permission for any and all necessary medical attention to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the school principal, nurse, and/or office personnel, until such time I may be contacted. If a situation is life threatening, I authorize the officials of Linden Community Schools to arrange emergency transportation to the closest hospital. I further authorize any duly licensed physician to administer care to my child. I also hereby assume the responsibility for payment of any such treatment.

_____ **I do not give permission to Argentine Early Childhood center, licensing and regulatory Affairs to secure emergency medical and or emergency surgical treatment for the named minor child in care. I understand I assume responsibility for all emergency medical care.**

Parent/Guardian Signature: _____

Relationship to Child: _____ Today’s Date: _____

ALERTS: By court order only (copy on file), the following person(s) are not permitted to pick up this child:



Sunscreen

I give my permission to the Linden Community Schools Eagle Club staff to apply sunscreen to my child as needed. I understand that I am required to provide sunscreen for my child. However, in the event that my supply runs out the staff will apply their sunscreen to my child. This is important because the children will be spending a large amount of time out in the sun during warm weather. Sunscreen will be applied according to the directions on the original container unless written directions from your child's physician have been turned in to the staff.

Child's Name _____

Signature of parent or guardian _____

Date Signed _____

Field Trips

I hereby give my permission to Linden Community School Eagle Club for my child to be transported in a vehicle and / or participate in field trips.

Child's Name _____

Signature of Parent or Guardian _____

Date Signed _____

Eagle Club Picture Permission Form

Throughout the 2019-2020 year, Linden Community Schools will be taking photographs at different events and in the classroom.

These photographs will be used for newsletters, newspapers, displayed in the classroom, and on websites.

SHUTTERFLY PHOTO / VIDEO RELEASE

The teachers at Argentine Early Childhood Center choose to utilize a classroom website sponsored through Shutterfly. We grant permission for photographs or video tapes to be posted to the website. This public website will allow immediate and extended families to connect with the child's classroom and see photos of what has been going on. The child's name will not be posted on the website, confidentiality will be kept and no other information will be shared.

To access, type lindenschools.org, Argentine and your child's class.

Parent/Guardian permission is required before a picture can be displayed. The Linden Community Schools has my permission to photograph my child and display these photos.

Child's Name _____

Parent Signature _____

Date _____

I would prefer that my child not be photographed.

Child's Name _____

Parent Signature _____

Date _____