

SUMMER AT LATIN

Registration Form (One form per student please)

I am registering my child for:

☐ Day Camp ☐ Summer Programs ☐ Summer Trip

For office use only

Date received _____

Amount received _____

Confirmation sent _____

Session _____

Group _____

Student/Camper Information

FIRST NAME	LAST NAME	PREFERS TO BE CALLED	DATE OF BIRTH
GENDER <input type="radio"/> Male <input type="radio"/> Female	PRESENT SCHOOL	SCHOOL ENTERING IN FALL	GRADE ENTERING IN FALL
HOME STREET ADDRESS		HOME PHONE	
CITY	STATE	ZIP	HOME EMAIL
NAME OF PARENT WITH WHOM CHILD RESIDES			

Parent/Guardian 1

RELATIONSHIP TO STUDENT/CAMPER

<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Dr	FIRST NAME
	LAST NAME
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL

Parent/Guardian 2

RELATIONSHIP TO STUDENT/CAMPER

<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Dr	FIRST NAME
	LAST NAME
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL

PLEASE INDICATE IF DIFFERENT FROM STUDENT/CAMPER ADDRESS.

HOME STREET ADDRESS		
CITY	STATE	ZIP

HOME STREET ADDRESS		
CITY	STATE	ZIP

NAME OF PERSON FINANCIALLY RESPONSIBLE FOR COST (IF DIFFERENT FROM ABOVE)

STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE	CELL PHONE	

Emergency Contacts

PLEASE LIST TWO EMERGENCY CONTACTS WHO ARE **NOT** PARENT/GUARDIAN LISTED ABOVE

NAME	RELATION TO STUDENT/CAMPER	NAME	RELATION TO STUDENT/CAMPER
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
CELL PHONE		CELL PHONE	

Health Information

MY CHILD: <input type="radio"/> HAS ALLERGIC REACTIONS TO FOOD OR MEDICATION	HOW TREATED:
<input type="radio"/> HAS HEALTH CONDITION(S) OR CONCERNS	
<input type="radio"/> TAKES MEDICATION	

PHYSICIAN OF CHOICE	PHONE
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continued

Registration Information



TITLE	SESSION #	SECTION (A, B, C, OR D)	TUITION

• **SUMMER TRIPS**, 50% DEPOSIT DUE BY **MARCH 1** WITH BALANCE DUE **MAY 1**.

• **ALL OTHER SUMMER AT LATIN PROGRAMS**, 25% DEPOSIT IF REGISTERING BEFORE **MARCH 1**. FULL PAYMENT DUE IF REGISTERING AFTER **MARCH 1**.

Total

Total enclosed

IF YOU'D LIKE TO PAY BY CREDIT CARD, CHECK ONE: ☐  ☐ 

NAME OF CARDHOLDER	CREDIT CARD NUMBER	EXPIRATION DATE	Amount to Charge

T-SHIRTS ARE GIVEN TO ALL PARTICIPANTS IN DAY CAMP AND SPORTS CAMPS

CHECK ONE OF THE FOLLOWING:

CHILD ☐ 2T ☐ 4T ☐ 6-8 ☐ 10-12 ☐ 14-16
 ADULT ☐ S ☐ M ☐ L ☐ XL

MAIL REGISTRATION FORM AND CHECKS PAYABLE TO

Latin School of Chicago
 Summer at Latin
 59 W. North Boulevard
 Chicago, IL 60610-1492

FOR DAY CAMP REGISTRATIONS, PLEASE LIST THE NAME OF A FRIEND WITH WHOM YOUR CHILD MIGHT LIKE TO BE GROUPED

HOW DID YOU LEARN ABOUT SUMMER AT LATIN? (CHECK ALL THAT APPLY)

<input type="radio"/> RETURNING CAMPER	NUMBER OF YEARS?	<input type="radio"/> SIBLING ATTENDED	<input type="radio"/> BANNER AT LATIN	<input type="radio"/> ADVERTISEMENT	WHERE?
<input type="radio"/> RECEIVED FLYER	<input type="radio"/> INTERNET	<input type="radio"/> FRIEND RECOMMENDED	<input type="radio"/> OTHER	WHAT?	

Please read and sign the following

PARENT/GUARDIAN WAIVER

- In the event of a medical emergency occurring to my child (or ward), I hereby authorize Latin School of Chicago to act in loco parentis to my child (or ward). The school may authorize all necessary medical and/or surgical procedures that are deemed vital for the health of my child (or ward). I understand that every effort will be made to contact my physician or me immediately, and that medical or surgical procedures will be implemented only in the event that I cannot be contacted.
- I give permission for my child (or ward) to participate in Summer at Latin. I understand the nature of the programs in which he/she will be participating, and the inherent risks in participating in these programs. My child's (ward's) participation is purely voluntary.
- I understand and will comply with all registration, tuition, and cancellation policies, rules, and procedures and have read and agree to accept the above obligations and responsibilities of Summer at Latin.

SIGNATURE OF PARENT/GUARDIAN

DATE