



Super Summer 2018 Enrollment at Our Lord's Community Church

11400 North Portland, OKC, OK 73120 ~ 405.752.2111

A summer program for children 12 months - third grade

Tuesday, June 5th to Thursday, July 19th 9:30 to 2:30 p.m. CLOSED Tuesday, JULY 3rd

OFFICE USE ONLY Pd:\$ Check# Date: / / W/Pmt: SHCDC18 HPCDC18 KG18

Child's name Gender: M F Birthdate / /

If under 4 is your child potty-trained? No In Process Sleeping-Accidents Yes

Grade Entering in the Fall: (Pre-K) (Kdg.) (1st) (2nd) (3rd)

CONTACT INFORMATION REQUIRED FOR BOTH BIOLOGICAL PARENTS FOR SCHOOL COMMUNICATION

Mother Mother's Email Address City State Zip Employer Home # Work # Mobile #

Father Father's Email Address (If different) City State Zip Employer Home # Work # Mobile #

This Parent Has No Parental Rights:

Required legal custodial paperwork included with application

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In case of sickness call (after parents) 1st choice: Phone: 2nd choice: Phone:

Non-parent Person authorized to pick up: Phone:

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Please initial one of the 3 choices to confirm the days your child will be enrolled and your commitment to fees, tuition, and policies:

Both days (Closed July 3rd): \$210 is included with this form. [Includes an Enrollment fee (\$50) & the tuition deposit (\$160)] Total cost for Both Days is \$370. The remaining \$160 will be paid by June 7th to avoid the \$15 late fee. I am enrolling for Tuesdays and Thursdays, and if I decide to drop a day after June 1st, I will pay for both days for half the summer session. If I drop a day after June 5th, I will still pay for both days.

Tuesdays (Closed July 3rd) : \$160 is included with this form. [Includes Enrollment fee (\$50) & tuition deposit (\$110)] Total cost for one day per week is \$210. The \$50 balance is due June 7th to avoid the \$15 late fee.

Thursdays : \$160 is included with this form. [Includes Enrollment fee (\$50) & tuition deposit (\$110)] Total cost for one day per week is \$210. The \$50 balance is due June 7th to avoid the \$15 late fee.

Please initial and sign that you understand and agree to the following:

- This is a first-come-first-serve situation. I have included the \$50 Enrollment Fee and the tuition deposit with this form (totaling \$160 for one day or \$210 for both days). The \$50 Enrollment Fee is non-refundable and non-transferable to another child, program, session or year. If I have an outstanding balance in any King's Gate program, funds will be applied to outstanding balances first. I am responsible to pay and to ensure that King's Gate receives the Enrollment Fee and the full summer tuition cost. I agree to abide by the King's Gate Ministries, Inc. and the policies of our Host Churches. I understand that budget, scheduling, purchasing, and hiring decisions are based on enrollment numbers including my child. Tuition is non-refundable after June 1st and is non-transferable to another child, another program, or another session. CANCELLATION: In event of a cancellation by June 1st, tuition will be refunded without the Enrollment Fee. No refund will be given for days not used if cancellation or withdrawal occurs after June 1st. If CDC or Super Summer is no longer needed, I will notify the King's Gate office ASAP (752.2111). I understand that Super Summer will not be in session and will be closed Tuesday, July 3rd. There will be a fee of \$35 for returned checks. For children three and older: My child handles all of his/her toileting needs and does not wear a pull-up. I will need to pack my child an allergy-friendly cold lunch (with ice pack and a drink) or send \$3.00 for pizza on pizza days. DAYS MISSED and DROP-INS: Tuition covers the days my child is enrolled. Days missed (vacation/illness/etc.) cannot be made up. If my child is enrolled for only one day, one day cannot be switched for the other without paying a drop-in fee of \$50/day due prior to the day of drop-in. Director's approval required.

ENROLLMENT POLICY & STATEMENT OF NON-DISCRIMINATION: King's Gate does not discriminate on the basis of race, color, sex, national and/or ethnic origin in the administration of enrollment or our policies and programs. All enrolled children are granted the same rights, privileges, programs and activities. We want and will take every opportunity to love and teach every child whose educational needs we can meet regardless of the lifestyle or beliefs of their parents, family members, and/or friends. Parents and guardians of children enrolled understand that we are a Christian ministry with an evangelical commitment to teach historic Christianity. All those who represent an enrolled child are asked to honor and respect our Christian standards while present in the OLCC, SHBC, or King's Gate facility or participating in a King's Gate event in the community.

King's Gate *programs are operated by King's Gate Ministries, Inc, who is solely responsible for its activities. Surrey Hills Baptist Church and Our Lord's Community Church are our hosts, but do not exercise any management or control over our operation and have no responsibility for our actions, or legal responsibility to our participants and patrons.

*King's Gate programs include King's Gate Christian School, CDC and Super Summer.

Signature: Date:

THERE IS A MEDICAL RELEASE FORM ON THE REVERSE OF THIS FORM.

King's Gate Ministries, Incorporated and Host Churches
Medical Release / Authorization and Permission Form / Photograph Release
June 1, 2018 to August 31, 2019

Student's Name _____ Male ___ Female ___ Age ___ Birthdate ___ / ___ / ___

Parents _____

Family Physician _____ Phone _____

Address _____ City /State/Zip _____

Dentist _____ Phone _____

Address _____ City /State/Zip _____

My child has been diagnosed with [ADD] [ADHD] [Autism] [Asthma] [Diabetes]
[Other _____]

Presently taking _____ medication for _____

Presently taking _____ medication for _____

Allergic to (medications): _____

Allergic to (food, other): _____

Wears Eye Glasses Yes No

Describe special needs illness, medical problems or physical limitations (use separate sheet if needed): _____

Medical Insurance Company _____ **Policy No.** _____

I hereby grant permission for my child to use the play equipment and participate in the activities of King's Gate Ministries, Incorporated. I hereby grant permission for my child to leave the facility under the supervision of a staff member for neighborhood walks or field trips sponsored by King's Gate. I will leave phone numbers in the King's Gate Office if I will not be available at the usual numbers. I hereby grant permission for the staff or sponsors of King's Gate Ministries, Incorporated and/or Our Lord's Community Church or Surrey Hills Baptist Church to take whatever steps necessary to obtain emergency medical care if warranted. The minimum steps we will take are as follows:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent through any of the persons listed on the form completed by you.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent, guardian or physician, we will do any or all of the following:
(a) Call another physician or paramedic, (b) Call an ambulance, (c) Have the child taken to the most convenient medical facility under the escort of a staff member or sponsor.
5. Any expenses incurred will be borne by the child's family.

In case of emergency, I _____, by my signature below, hereby give permission to a physician or other medical personnel selected by a representative of King's Gate and/or Our Lord's Community Church or Surrey Hills Baptist Church (staff member or adult volunteer leader) to arrange for medical care deemed necessary by the physician named above or another qualified physician and to give oral or written consent on my behalf for medical treatment. I also agree to be responsible for the expenses incurred for such medical costs. This authorization does not cover major surgery unless deemed medically necessary and emergent by the physician and two other qualified physicians.

*King's Gate Ministries include King's Gate Christian School, Child Development Center and Super Summer.

Parent's Signature: _____ **Date:** _____

PHOTOGRAPH RELEASE

I/we the parent(s) and/or guardian(s) of _____ grant permission for photographs of our child to be used for informational, professional development and promotional purposes by King's Gate Ministries, Inc. (King's Gate Christian School, Child Development Center, and Super Summer). Promotional purposes include the King's Gate website and social media page, newsletters, handbooks, brochures, mailings, flyers and advertisements. I/we hereby represent that I/we have the legal right to issue such consent.

Signature of Parent or Guardian

Date