

Summer Camp 2025

St. John's Lutheran School

1032 NW 12th Street

Moore, OK 73160 www.sj-ls.org

P: 405.794.8686 F: 405.300.5157



IT IS ST. JOHN'S MISSION TO...
EDUCATE WITH QUALITY CHRISTIAN ACADEMICS,
EVANGELIZE THE COMMUNITY IN A CHRIST-CENTERED ENVIRONMENT &
ENRICH FAMILIES, THE CHURCH & THE COMMUNITY.

STUDENT VITAL INFORMATION									
STUDENT NAME (LAST, FIRST, M.I.):				BIRTH DATE:	MONTH	DAY	YEAR		
				GENDER:		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
STREET ADDRESS:			CITY:		STATE:		ZIP CODE:		
PROGRAMS		TEE SHIRT SIZE		PHOTO RELEASE					
PRE-K/K:		ELEMENTARY		ELEMENTARY ONLY:					
<input type="checkbox"/> PRE-K 2 <input type="checkbox"/> PRE-K 3 <input type="checkbox"/> PRE-K 4 <input type="checkbox"/> PRE-K 5 <input type="checkbox"/> KINDERGARTEN		<input type="checkbox"/> 1ST GRADE <input type="checkbox"/> 5TH GRADE <input type="checkbox"/> 2ND GRADE <input type="checkbox"/> 6TH GRADE <input type="checkbox"/> 3RD GRADE <input type="checkbox"/> 7TH GRADE <input type="checkbox"/> 4TH GRADE <input type="checkbox"/> 8TH GRADE		<input type="checkbox"/> Xs <input type="checkbox"/> Sm <input type="checkbox"/> Md <input type="checkbox"/> Lg <input type="checkbox"/> Adult Sm			I GIVE SJLS PERMISSION TO POST PHOTOS OF MY CHILD ON:		
							WEBSITE		
							<input type="checkbox"/> YES	<input type="checkbox"/> NO	INITIALS
							FACEBOOK		
							<input type="checkbox"/> YES	<input type="checkbox"/> NO	INITIALS
YEARBOOK									
<input type="checkbox"/> YES	<input type="checkbox"/> NO	INITIALS							
HEALTH INFORMATION									
PRIMARY CARE PHYSICIAN (PCP):					PCP PHONE:				
DOES YOUR CHILD HAVE ANY ALLERGIES TO FOODS, MEDICATIONS, ETC.? IF YES, PLEASE LIST.									
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS INVOLVING ROUTINE CARE, GUIDANCE OR COMMUNICATION? IF YES, PLEASE LIST.									
IS YOUR CHILD ON ANY TYPE OF RESTRICTED DIET? IF YES, PLEASE LIST.									
I GIVE SJLS PERMISSION TO CONSULT WITH HEALTH & CHILD DEVELOPMENT PROFESSIONALS REGARDING MY CHILD'S NEEDS, IF NECESSARY: <input type="checkbox"/> YES <input type="checkbox"/> NO									
TRANSPORTATION				PUBLIC SCHOOL INFORMATION					
I GIVE SJLS PERMISSION TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL SHOULD A MEDICAL EMERGENCY OCCUR: <input type="checkbox"/> YES <input type="checkbox"/> NO				SPECIFY WHICH PUBLIC SCHOOL YOUR CHILD ATTENDED PREVIOUSLY OR WOULD BE ENROLLED IN IF THEY WERE NOT ENROLLED AT SJLS: -----					
IMMUNIZATION RECORD				BIRTH CERTIFICATE					
I HAVE ATTACHED A CURRENT COPY OF MY CHILD'S IMMUNIZATION RECORD AS REQUIRED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH: <input type="checkbox"/> YES <input type="checkbox"/> NO				I HAVE ATTACHED A COPY OF MY CHILD'S OFFICIAL BIRTH CERTIFICATE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
OFFICE USE ONLY: -----				OFFICE USE ONLY: -----					

HOME INFORMATION

PRIMARY CONTACT

NAME:	RELATIONSHIP:
-------	---------------

STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
-----------------	-------	--------	-----------

CELL PHONE:	E-MAIL:	SSN:
-------------	---------	------

EMPLOYER:	WORK PHONE:
-----------	-------------

SECONDARY CONTACT

NAME:	RELATIONSHIP:
-------	---------------

STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
-----------------	-------	--------	-----------

CELL PHONE:	E-MAIL:	SSN:
-------------	---------	------

EMPLOYER:	WORK PHONE:
-----------	-------------

EMERGENCY CONTACT & PICK-UP PERMISSION

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

SECURITY INFORMATION

DOOR CODE (4-DIGIT NUMBER ONLY)	1ST CHOICE:	2ND CHOICE:	SAFE WORD(S):
------------------------------------	-------------	-------------	---------------

ENROLLMENT FEE

SJLS REQUIRES A NON-REFUNDABLE ENROLLMENT FEE OF \$100.00 WHICH GUARANTEES YOUR CHILD'S PLACEMENT IN OUR SUMMER PROGRAM.

TUITION PAYMENT

TUITION PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH. IF PAYMENT IS NOT RECEIVED BY THE 5TH OF THE MONTH, A LATE FEE OF \$50.00 WILL BE BILLED TO YOUR ACCOUNT. IF LATE PAYMENT IS NOT RECEIVED BY THE 15TH OF THE MONTH THE CREDIT CARD ON FILE WILL BE CHARGED. IF PAYMENT DOES NOT GO THROUGH AND IS NOT RECEIVED WITHIN 30 DAYS OF THE DUE DATE, THE STUDENT WILL BE WITHDRAWN & DEBT WILL BE PURSUED LEGALLY.

ACCEPTABLE METHODS OF PAYMENT ARE ACH, CREDIT/DEBIT CARD*, DHS SUBSIDY, CHECKS OR MONEY ORDERS MADE PAYABLE TO: "ST. JOHN'S LUTHERAN SCHOOL"

WE DO NOT ACCEPT CASH

**WRITE YOUR CHILD'S NAME ON ALL PAYMENTS MADE TO SJLS TO ENSURE PROPER CREDIT TO YOUR ACCOUNT.
*THERE WILL BE A 5% CONVENIENCE FEE APPLIED TO ALL CREDIT/DEBIT CARD PAYMENTS.**

RATES:

PER DAY RATE: \$35 (Two Days MINIMUM scheduled per week)

FULL WEEKLY RATE FOR THE PRE-K/K: \$150

FULL WEEKLY RATE FOR THE ELEMENTARY : \$150

**Discounts for Multiple Full-Time ELEMENTARY are available.*

Please select the days your child will be attending summer camp by placing an X over the days. Refunds will not be issued for scheduled missed days. In order to stay enrolled all summer, two days weekly must be paid for to save your child's spot.

JUNE	M	T	W	T	F
	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27

JULY	M	T	W	T	F
	30	1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25

Closed June 19, 2025 - Juneteenth
Closed July 4, 2025 - Independence Day

CONTRACT AGREEMENT

THIS ENROLLMENT FORM IS A CONTRACT BETWEEN ST. JOHN'S LUTHERAN SCHOOL, REFERRED TO IN THIS DOCUMENT AS "SJLS", & THE PARENT/GUARDIAN OF THE STUDENT APPLYING FOR OUR PROGRAM. BY SIGNING THIS FORM, YOU CERTIFY THAT THIS DOCUMENT HAS BEEN COMPLETED ACCURATELY & HONESTLY TO THE BEST OF YOUR KNOWLEDGE. IT IS ALSO UNDERSTOOD THAT YOU AGREE TO PAY THE ENROLLMENT FEE, TUITION COSTS (IN ACCORDANCE WITH YOUR PAYMENT SELECTION) & ANY EXTENDED CARE OR LATE FEES INCURRED DURING THE 2024-2025 SCHOOL YEAR.

PLEASE REFER TO THE ST. JOHN'S LUTHERAN SCHOOL PARENT/STUDENT HANDBOOK FOR ANY QUESTIONS YOU MAY HAVE REGARDING OUR SCHOOL & ITS POLICIES. ANY CHANGES TO THIS CONTRACT MUST BE DONE IN WRITING ON THE APPROPRIATE FORM & SUBMITTED TO THE FRONT OFFICE FOR APPROVAL.

BY SIGNING THIS FORM, I UNDERSTAND THAT I AM ENTERING INTO A CONTRACTUAL AGREEMENT WITH ST. JOHN'S LUTHERAN SCHOOL.

PARENT/GUARDIAN SIGNATURE

DATE