Long Grove Country School

Best of LGCS

Alumni Week

July 8th-11th 2018

Animals | Fairytales | Farm School | Carnival

The LGCS Team would love to see some of our alumni.
Open to our past and future LGCS families.
Come experience some of LGCS favorites.

T-Shirt Design Contest: All LGCS Alumni are invited to participate in a Summer Camp T-Shirt Design Contest.

Ages: 3-7th Grade

Times & Costs:

- **Half-Day 9am-11:30am ($150)**
- **Full-Day: 9am-2pm ($250)**

Themes/Celebration:

- **Monday**: "Fall Festival": Animal Encounters & Fun at "Farm School"
- **Tuesday**: Fairytales, Superheroes, Leprechauns and all things silly.
- **Wednesday**: "Spring Show" – School of Rock with Ms. Lauren
- **Thursday**: "Spring Fair" Carnival Adventures, Games and Hot Dog Picnic

20400 Old Hicks Road, Long Grove, IL 60047
Phone (847) 438-4834
Email info@lgcountryschool.com

Long Grove Country School

Best of LGCS Summer Camp 2019

We are so excited for our Best of LGCS Week filled with all of your favorite "farm school" events and activities.

Dates: July 8-11 (Monday-Thursday)

Themes/Celebration:

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Please Select Program:

- ❑ **Half-Day Campers:** **Drop Off:** 9:00am-9:15am **Pick Up:** 11:15am-11:30am ($150 per child)
- ❑ **Full-Day Campers:** **Drop Off:** 9:00am-9:15am **Pick Up:** 1:45pm-2:00pm ($250 per child)
  - ❑ AM Extended Care: **Drop Off:** 7:00am-8:45am (+$5 per day)
  - ❑ PM Extended Care 4pm: **Pick Up:** 2pm-4pm (+$10 per day)
  - ❑ PM Extended Care 6pm: **Pick Up:** 4pm-6pm (+$20 per day)
- ❑ Camp T-Shirt: $15 Each

Child 1 (Nick Name) _____ **Birthdate** _____ **Shirt Size** _____

Child 2 (Nick Name) _____ **Birthdate** _____ **Shirt Size** _____

Child 3 (Nick Name) _____ **Birthdate** _____ **Shirt Size** _____

Address: _____

Mother's Name: _____ **Home Phone:** _____

Mother's Email: _____ **Mother's Cell:** _____

Father's Name: _____ **Phone:** _____

Father's Email: _____ **Father's Cell:** _____

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Student Pick-Up

Long Grove Country School will be running programs and classes continually throughout the day. We ask that you are respectful of pick-up times for your child. Students will only be released to individuals with a photo ID. Please send your child to school with a written note if your child will be picked up by someone other than yourself.

Please list any individuals authorized to pick up your child from school.

1.	_____	Relationship to Child	_____	Phone	_____
2.	_____	Relationship to Child	_____	Phone	_____
3.	_____	Relationship to Child	_____	Phone	_____

Summer Camp Tuition Policy

Payments Plans:

- **Payment:** Tuition is due by July 1st.
- **Early Bird Discount**: 5% discount and complementary t-shirt for all registrations received **and** Tuition Paid by April 1, 2019. All Summer Camp Tuition payments are non-refundable unless the camp is cancelled by LGCS.
- **Sibling Discount**: LGCS offers a 10% discount for each additional sibling. All Summer Camp Tuition payments are non-refundable unless the camp is cancelled by LGCS.

Release and Waiver of Claims

In consideration of my child's enrollment in Long Grove Country School and/or Long Grove Country School Summer Camp, we agree to release and hold harmless and indemnify Long Grove Country School and/or Long Grove Country Camp, its agents and employees, from and against all damages, liabilities, losses and expenses (including attorney's fees) arising out of or resulting from any claims, causes of action or demands whatsoever, made by us or by any other person or entity on the behalf of the child's participation in Long Grove Country School and/or Camp to the extent permitted by law, except for acts of omissions involving willful or wanton conduct by a director, officer, employee or agent of Long Grove Country School and/or Camp, and we hereby waive any and all such claims, demands and causes of action.

Photograph Release

We permit Long Grove Country School and/or Camp to use photographs, films, videotapes and other facsimiles of the child take during and/or camp (and related activities) in its brochures, newspapers, slide presentations and any other publications concerning promoting Long Grove Country School and/or Camp.

Name of Child(ren): _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature and Date: _____

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Health Information & Emergency Treatment and Release

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me and is in effect for the duration of the minor's care by Long Grove Country School.

Name of child/minor: _____ Birthdate: _____

Name of child/minor: _____ Birthdate: _____

Address _____ City _____ State _____ Zip _____

Mom's Home Phone _____ Cell _____ Work _____

Dad's Home Phone _____ Cell _____ Work _____

Specific allergies, chronic illnesses, other medical or education concerns:

_____

_____

_____

In the case of an emergency or illness, Long Grove Country School will contact the child's parents. If unable to contact the parents, the following people should be contacted:

1. _____ Relationship to Child _____ Phone _____
2. _____ Relationship to Child _____ Phone _____
3 _____ Relationship to Child _____ Phone _____

Vaccines & Immunization

Long Grove Country School requires all students to provide the state required immunizations for their child. This form should be available at your Pediatrician's office and must be submitted before your child may start school or summer camp.

Long Grove Country School has the permission from the parents to release the above minor(s) at any time to the people listed above without prior notice from the parent in the event of an emergency or illness.This form is signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I assume all responsibilities for any fees incurred, and agree to prompt reimbursement of expenses paid.

Policy Holder's Name _____

Insurance Provider _____

Policy Number _____

Parent Signature _____ **Date** _____ **Parents Signature** _____ **Date** _____

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Student Information

Mother's Name: _____ **Phone:** _____

_____

Father's Name: _ **Phone:** _____

Who does your child live with?: ☐ Both ☐ Mom ☐ Dad

Please tell us about your child and any additional information we should know. Please include any special custody arrangements, fears, special interests, etc.:

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