



Enrollment Form for 2021 Lippman & Crown Point's Farm & Science Camp

Student's Legal Name _____
First Middle Last Preferred Name

With Whom Does Student Reside _____ Grade Entering _____

Family Information

Contact information may be shared on campus for programming purposes

Parent/Guardian A

Title First Middle Initial Last

Marital Status _____

Home Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Employer _____

Position _____

Business Phone _____

Step Parent/Partner A

Title First Middle Initial Last

Email _____

Parent/Guardian B

Title First Middle Initial Last

Marital Status _____

Home Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Employer _____

Position _____

Business Phone _____

Step Parent/Partner B

Title First Middle Initial Last

Email _____

Family Declaration of Sole Custody 2021 (if applicable)

Is this child in ONE parent's SOLE CUSTODY? If yes, state:

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

RELEASES/CONSENTS

Field Trip Consent Form 2021

For your child(ren) to participate in a field trip, the school must have a record of consent. Families will be given information about a field trip in advance.

I/We hereby grant permission for my/our child(ren) _____, to accompany Lippman & Crown Point's Farm & Science Camp on a day field trip during the 2021 camp session. I/We understand we will be notified of the field trip in advance.

Media Release Form 2021

The Lippman School would like to include your child/children in photograph and video opportunities that occur throughout the camp experience. Selected photos and videos may be used in a variety of media, including but not limited to, newspapers, magazines, broadcast media, The Lippman School website, Facebook, Instagram, brochures, pamphlets, and fliers.

I **do** give permission to The Lippman School to include my child/children in photographs and videos for recruitment and promotional purposes. I understand these images are used in a variety of media. **Your child/children's names will not be included with these images.**

I **do NOT** give permission to The Lippman School to use photographs and videos of my child/children for external promotional, marketing, and other such purposes.

Student(s) _____ Parent/Guardian Signature _____ Date _____

2021 Lippman & Crown Point's Farm & Science Camp Enrollment Agreement
(Please complete one form per family)

FAMILY _____ STUDENT(S) _____

The Lippman School agrees to enroll the above student(s) for the 2021 Lippman & Crown Point's Farm & Science Camp and to provide the program and educational services as prescribed for the camp session. In consideration of the acceptance of this Enrollment Agreement (the "Contract") by The Lippman School, the undersigned agrees to pay the required fees as specified below:

WEEK ONE, June 14 - 18:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by May 31**

WEEK TWO, June 21 - 25:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by June 7**

WEEK THREE, June 28 – July 2:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by June 14**

WEEK FOUR, July 6 - 9, ART CAMP:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by June 21**

WEEK FIVE, July 12 - 16:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by June 28**

WEEK SIX, July 19 - 23:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by July 5**

WEEK SEVEN, July 26 - 30:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by July 12**

WEEK EIGHT, August 2 - 6:

Cost includes tuition and snacks.

Campers should bring a lunch every day. *Financial aid is available .*

- \$250 per camper, due by July 19**

Before and After Care are available if needed. Please contact the Lippman office at 330.836.0419 to make arrangements.

◆ FORMS AND FEES ARE DUE TWO WEEKS PRIOR TO THE FIRST DAY OF CAMP ◆

Nonrefundable Tuition Clause – Parent(s) must initial

_____ (Initial here) I/We understand that my obligation to pay tuition and fees for the Camp is unconditional and no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal, or dismissal from the camp of the above camper(s), without the approval of a written appeal by TLS administration.

My/Our signature(s) below affirms that I/We have read, understand and accept the terms and conditions of this Contract and that I/We agree to abide by the rules and regulations of the Camp.

Signature of Parents or Guardians Financially Responsible for the camper – both parents must sign.

1. _____ **Date:** _____

2. _____ **Date:** _____

This Agreement shall be interpreted in accordance with the laws of the State of Ohio.

For School Use Only:

Date Received: _____ by: _____, The Lippman School

Payment amount: _____

HEALTH RECORD

Child's Name _____ Child's Birthdate _____

IMMUNIZATION AND TEST DATES (MM/DD/YYYY)						MEDICAL HISTORY	
DPT:	1	2	3	4	5	Please indicate the date(s) if your child had any of these illnesses:	
Td						Asthma	Strep Throat
HIB: (prior to age 5)	1	2	3	4		Chickenpox	TB Contact
Polio:	1	2	3	4		Frequent Cold	TB Patch Test
MMR:	1	2				Measles	Tonsillitis
Hepatitis A:	1	2				Mumps	Tonsillectomy
Hepatitis B:	1	2	3			Rheumatic Fever	Whooping Cough
Varicella:	1	2				Scarlet Fever	Other

	Yes	No		Yes	No
1. Has your child had a history of serious illness?			If YES, is that illness present now?		
Has the doctor released your child?					
2. Does your child have a physical handicap?			If YES, explain		
3. Is your child restricted from everyday activities in any way?			If YES, explain		
4. Has your child had any surgeries or procedures?			If YES, explain		
5. Please list any food or other allergies:					
Physician's Name:				Phone:	
Medications your child takes (<i>medications to be given at camp need a physician's authorization form sent to the school</i>):					
Are there any other medical conditions about which the school should be aware?					

Parent/Guardian Signature _____ Date _____

2021 Lippman & Crown Point's Farm & Science Camp

EMERGENCY MEDICAL AUTHORIZATION

PART I OR PART II MUST BE COMPLETED FOR EACH STUDENT

CHILD'S NAME _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

**2021 Lippman & Crown Point's Farm & Science Camp EMERGENCY MEDICAL AUTHORIZATION
PART I – CONSENT TO PROVIDE TREATMENT**

In the event reasonable attempts to contact me _____ at _____,
(Parent/Guardian) (Home Phone)
_____, _____ or _____ at _____,
(Work Phone) (Cell) (Other Parent/Guardian) (Home Phone) (Work Phone)

, _____, have been unsuccessful, I hereby give my consent for the administration of any
(Cell Phone)
treatment deemed necessary by Dr. _____ at _____, or
(Preferred Physician) (Phone)

Dr. _____ at _____, or in the event the designated
(Preferred Dentist) (Phone)
preferred practitioner is not available, by another licensed physician or dentist: and the transfer of the child
to _____ or any hospital reasonably accessible.
(Preferred Hospital)

Alternate contact to be notified if parents cannot be reached in case of emergency:

Name _____ Relationship _____ Phone _____

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature _____ Date _____

**2021 Lippman & Crown Point's Farm & Science Camp EMERGENCY MEDICAL AUTHORIZATION
PART II – REFUSAL TO CONSENT - DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to do the following:

Parent/Guardian Signature _____ Date _____