

Lion's Den Saturday Enrichment Academy Registration

Scholar Name: _____ Youth Shirt Size S M L XL XXL

Date of Birth ___/___/___ M ___ F___ Grade: _____ Homeroom Teacher: _____

Street Address/City/State/Zip: _____

Name of Parent/Guardian(s): _____

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____

Siblings attending Lion's Den Academy Name: _____/Grade _____

Siblings attending Lion's Den Academy Name: _____/Grade _____

Medical Information

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment.

Family Doctor: _____

Health Plan Carrier: _____ Group/Policy # _____

Primary Doctor Name and Phone: _____

In case of an emergency please call _____ at _____
(FULL NAME OF PERSON) (CONTACT #)

Relationship to Child: _____

Health Concerns (be specific): _____

Lion's Den Academy Expectations

I understand that my scholar can be dismissed from the academy for persistent insubordination and the registration fee is non-refundable. The following behaviors are unacceptable: verbal disrespect, physical confrontations, excessive talking and playing in class, consistently unprepared for class, damaging or destroying property.

Plan of action: All disciplinary actions will be discussed with child and parent. Actions could be either a verbal warning, written warning and parent conference, suspension or expulsion. All actions are at the discretion of the Director.

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Scholar Last Name _____ Scholar First Name _____

Scholar Grade: 3 4 5 6

Please indicate who will pick up your child from the Lion's Den Academy. These will be the ONLY adults permitted to sign out and take your child. (Please instruct them to have ID).

Adult Name	Phone Number	Relation to Scholar

Other information from parents (not required): _____

PLEASE INITIAL EACH STATEMENT BELOW:

____ I understand that my child must arrive no earlier than 8:50 am and my designee or I must pick up my child no later than 12:35 pm from the Lion's Den Saturday Academy.

____ I understand that the registration fee is nonrefundable and there are no inclement weather make up days.

Parent/Guardian Signature: _____ Date: _____

Date	Sign In/ Time	Sign Out/ Time	Date	Sign In/ Time	Sign Out/ Time
Jan 21			Feb 25		
Jan 28			March 3		
Feb 4			March 10		
Feb 11			March 17		
Feb 18			March 24		

ALL SESSIONS ARE HELD AT LAKE ARBOR ELEMENTARY SCHOOL