



Lakewood Community Services Center

FREE Summer Lunch and Enrichment Program 2023

My child _____, has my permission to participate in the LCSC Summer Lunch and Enrichment Program. I have indicated my choice of Session I or Session II below. The program is based at Grace Lutheran Church at 13030 Madison Avenue with activities at Madison Park, the Lakewood Public Library Madison Branch, Mahall's 20 Lanes, and swimming lessons at Madison Pool. There will also be two field trips during each session. The program runs from 10:00am - 3:00pm Monday through Friday of each week and includes lunch and daily enrichment activities supervised by LCSC staff and adult volunteers.

PLEASE INDICATE YOUR CHOICE BELOW. SELECT ONLY ONE SESSION

_____ Session I: June 12-June 30 _____ Session II: July 10-July 28

Children must be accompanied by an adult when they arrive at Grace Lutheran Church each morning and when they are picked up at Grace Lutheran Church at 3:00pm each day. LCSC maintains the right to terminate your child's participation in the program if he/she is not accompanied by an adult.

I release Lakewood Community Services Center, the City of Lakewood, Lakewood Community Recreation Department, Lakewood Public Library, Karen King Catering, Grace Lutheran Church, Mahall's 20 Lanes, Lake Erie Nature & Science Center, Pivot Center for Art, Dance & Expression, Willo Transportation, and Beck Center for the Arts, their employees, officers, directors and agents and additional participating agencies/organizations and their employees, officers, directors and agents from all liability of whatsoever character, including but not limited to injuries to person or property arising out of or resulting from or in any way connected with participation by my child in the program.

Parent or Guardian Signature _____ Date _____
 Parent or Guardian Email _____ Telephone _____
 Relationship to Child _____

Child's Full Name _____ **Date of Birth** _____
 Age _____ Sex _____ School Attended _____ Grade _____
 Child's Street Address _____

Mother's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employer _____ Work Phone _____
 Work Address _____

Father's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employer _____ Work Phone _____
 Work Address _____

Guardian/Other's Name _____ Home Phone _____
 Address _____ Cell Phone _____
 Employer _____ Work Phone _____
 Work Address _____

Child lives with: Please check one Mother Father Both Parents Guardian Other

ONE EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name _____
 Address _____
 Phone _____
 Relationship to Child _____

See other side



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MEDICAL INFORMATION

1. List child's allergies and any special precautions or treatment indicated:

2. List any medications, food supplements or modified diets that child is on:

3. List any chronic physical problems, limitations or special needs child has, as well as history of hospitalization:

Child's Doctor	Child's Dentist
Phone Number	Phone Number

TRANSPORTATION AUTHORIZATION

PART I: Permission to Transport Child

I give my permission for the LCSC program to transport my child _____ to/from the Pivot Center for Art, Dance & Expression (Session I)

I give permission for the LCSC program to transport my child _____ to/from the Beck Center for the Arts (Session II)

I give permission for the LCSC program to transport my child _____ to/from Lake Erie Nature & Science Center (Session I and II).

to hospital/clinic for emergency medical care or
to dentist/clinic for emergency dental care, or to the nearest available source of assistance/treatment.

Parent/Guardian Signature:	Date:
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PART II: Refusal to Grant Permission

I do not give my permission to transport my child for emergency medical or dental care. In the event of any illness or injury that requires emergency or dental treatment, I wish the following actions to be taken: _____

Parent/Guardian Signature:	Date:
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PART III: Permission for Swimming

I give my permission for my child to participate in Learn to Swim lessons and free swim at Madison Pool.

Parent/Guardian Signature:	Date:
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PART IV: Refusal to Grant Permission

I do not give my permission for my child to participate in Learn to Swim lessons and free swim at Madison Pool.

Parent/Guardian Signature:	Date:
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REGISTRATION

1. Complete entire application for EACH child being enrolled.
2. Applications must be submitted online at <http://bit.ly/3FzjMNU> or by mail to Lakewood Community Services Center, **14230 Madison Ave, Lakewood, OH 44107. FORMS MUST BE RECEIVED NO LATER THAN FRIDAY MAY 19, 2023.**
3. Participation in the Summer Lunch and Enrichment Program is on a first come first served basis and fills up quickly. The program is Free of Charge for any Lakewood student entering grades K - 5, who participates in the free/reduced meal program at his/her school.