

STUDENT INFORMATION/CHECK-OUT PERMISSION FORM - (Kinder to 8th grade ONLY)

CHILD A NAME	BIRTHDATE	AGE
CHILD B NAME	BIRTHDATE	AGE
CHILD C NAME	BIRTHDATE	AGE
CHILD D NAME	BIRTHDATE	AGE

ADDRESS

CITY	STATE	ZIP
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PARENT/GUARDIAN 1 NAME	CELL PHONE	WORK PHONE
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EMAIL

PARENT/GUARDIAN 2 NAME	CELL PHONE
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EMAIL

WILL THIS CHILD REQUIRE MEDICATION WHILE ATTENDING THE PROGRAM? YES NO

IF "YES" PLEASE COMPLETE AUTHORIZATION TO ADMINISTER MEDICATION FORM BELOW ON PAGE 7

AUTHORIZED PICK UP PERSONS (Please list the names of persons, including yourself, authorized to pick up your child(ren).)

EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP
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PLEASE LIST ANY PERTINENT MEDICAL CONDITIONS OR ALLERGIES YOU WOULD LIKE US TO BE AWARE OF.

PLEASE LIST ANY LIMITATIONS YOUR CHILD MAY HAVE IN PARTICIPATING IN THE ACTIVITIES OR SPECIAL INSTRUCTIONS TO ASSIST IN YOUR CHILD'S ENJOYMENT OF CAMP.

CHILD'S IMMUNIZATIONS ARE CURRENT/UP TO DATE? YES NO/EXEMPT

SCHOOL CURRENTLY ATTENDING: _____

A HEALTHY CAMP BEGINS AT HOME
PLEASE PERFORM THIS SELF ADMINISTERED HEALTH SCREENING PRIOR TO ATTENDING CAMP EACH DAY

- IN THE PAST 14 DAYS, HAS YOUR CHILD:**
1. HAD A FEVER OF OVER 100 DEGREES?
 2. COME IN CONTACT WITH SOMEONE WITH, OR SUSPECTED OF HAVING COVID-19?
 3. HAD ANY OF THE SYMPTOMS BELOW:
Cough • Shortness of Breath or Difficulty Breathing • Fever • Chills • Muscle Pain • Sore Throat • New Loss of Taste or Smell • Nausea • Vomiting • Diarrhea

KEEP YOUR CHILD AT HOME IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS.

IF YOU HAVE QUESTIONS ABOUT YOUR CHILD'S HEALTH OR SYMPTOMS,
CALL YOUR CHILD'S HEALTH CARE PROVIDER.



Summer Camp Registration Form

June 26th - July 28th, 2023 (No class on July 4th)

Student name:

DOB:

Grade:

Parent(s) / Guardian(s) name :

Phone :

Email :

June 26th - June 30th			July 3- 7			July 10-14		
Embarquement Immédiat	\$300		Embarquement Immédiat	\$240		Multiactivity Fun Camp	\$300	

July 17 - 21			July 24 - 28		
Multiactivity Fun Camp	\$300		Multiactivity Fun Camp	\$300	
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School Summer camp	\$300		School Summer Camp	\$300	

Total	\$
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<ul style="list-style-type: none"> - <input type="checkbox"/> Paid cash (≤\$25.00) <input type="checkbox"/> Paid check # _____ - If Paid Copy Invoice to parent ? Yes No 	<ul style="list-style-type: none"> - <input type="checkbox"/> To be billed (due upon receipt) not to be added to other tuition payment plan.
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- **Forms must be returned with the complete payment. Check payable: Le Lycee francais de san Diego**
- Credit card - **(VISA-Mastercard- Discover-Amex ONLY) – NO DEBIT CARD** - we don't keep credit card info on file for security reasons. **There is a 3.5% surcharge, on top of the Grand total, issued by the credit card processor. Payment needs to be made in person with a card in hand.**
- **if PAID Copy invoice to parent?** Yes No

Parent Name :

Date:

Signature :

Lycée Français de San Diego

EPD Init ___/___

Admin :

Inv #:

Date :

<https://lfsd.org>

ACTIVITY/CAMP

Day activity program provided by Lycee Francais de San Diego will be held on our campus located 8401 Aero Drive, San Diego-CA - 92123 from Monday to Friday according to the week of operation (see order form).

Camp day Hours for all Families:

- The school will open at 9:00 am and dismissal is at 3:00 pm but families can pick up at any time during the day.

Parents must bring: (Please add the child's name clearly on these item)

1. One backpack and inside there must be:

- Water Bottle
- Sunscreen and hat
- Snacks and lunch box

Drop off from 8:45- 9:00 am (The gate will remain open until 9:15 mins).

Lunch time:

- Every student must bring their own snacks and lunch.
- Lunch will be either outside or inside based on weather

Parent Pick-Up start at 2:45- 3:00pm at the South parking lot (**no Aftercare available**):

Staggered Scheduling

Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible. Parents must go through the front for early pick-up.

Planning if someone is or becomes sick:

1. If your child has been sick, had a fever, or having flu like symptoms, we kindly ask that you do not attend any camp session unless the child is fully recovered (no temperature the day prior and his other symptoms improved)
2. Anyone who is sick or has been in contact with someone who has COVID-19— including Camper, family or others, should not be at the camp. Be on the lookout for symptoms of COVID- 19, which include fever, cough, or shortness of breath. Call your doctor if you think you or a family member is sick.
3. If someone does get sick during the camp, we have plans in place to isolate him. If you have a specific question about this plan or COVID-19, please contact me for more information. You can also find more information about COVID-19 below.

Le Lycee Francais de San Diego (LFSD)
PICK-UP & DROP-OFF LOCATION

South Parking lot



ACTIVITY AGREEMENT

1. **RELEASE:** In consideration for the Student being allowed to participate in the Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the Le Lycee Francais et International de San Diego, d.b.a. Lycee Francais de San Diego (LFSD) and their employees, officers, directors, volunteers and agents (collectively “Released Parties”) from any and all claims, whether known or unknown and including claims of the Released Parties negligenceresulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss the Student may suffer because of participation in the Activity. In granting this release, I specifically waive the provisions of California Civil Code Section 1542 which reads: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.
2. **STUDENT ABILITIES:** The undersigned acknowledges that the Student has the skills and physical ability to properly participate in the activity without the need for special accommodations. The undersigned agrees that if the Student requires any special accommodations, the undersigned will request a meeting with LFSD staff, prior to enrollment, to discuss possible accommodations.
3. **HEALTH INSURANCE:** If the Student needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that the Student should carry their own health insurance.
4. **EMERGENCY TREATMENT CONSENT:** The undersigned hereby gives consent to medical treatment of the Student in the event of an emergency.
5. **IMAGE RELEASE:** I give my consent for my child to be included in photographs, videos, slides and movies taken by LFSD staff. I understand that these pictures will be the property of LFSD and might appear in promotional materials, publications and social media.
6. **LOST ITEMS:** LFSD is not responsible for any personal items that may be lost or stolen during the Activity.
7. **COVID-19:** LFSD has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in our environment; however, LFSD cannot guarantee that you, your child, your other children, if applicable, or additional family members will not become infected with COVID-19. Further, participating at LFSD could increase your risk and the risk of additional family members around you in contracting COVID-19. LFSD participation conditions are subject to change.

I acknowledge the contagious nature of COVID-19 and voluntarily agree to the terms described above and assume the risk that my child, my children, my family members, and I (hereafter my “Family”) may be exposed to or infected by COVID-19 by our participation and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at LFSD may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Released Parties and their employees, officers, directors, volunteers and agents, and program students and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my Child, and my Family, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my Child or my Family may experience or incur in connection with my Child’s participation in LFSD programming (“Claims”).

On my behalf, and on behalf of my Child and my Family, I hereby release, covenant not to sue, discharge, and hold harmless the Released Parties, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Released Parties, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation.

- 8. **PAYMENT:** Payment is due upon receipt of this form and prior to the activity starting day. The activity is limited in space and is available on the 1st come 1st serve basis. The space for your child(ren) can only be confirmed upon receipt of your payment. There will be no refund if you decide to discontinue the activity 1 week prior to the starting date or during the activity. No credit will be issued if the child is absent.
- 9. By signing this document, you are stating that you read all 7 pages of the documents and links offered. Page 1 to be filled completely and pages # 2 & 7 & 8 must be signed for this agreement to be valid.
- 10. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR: I am the parent and/or legal guardian of the above- named Student. I give my consent to the participation in the activity by the Student. I have read and understand this agreement and realize the agreement involves releasing valuable legal rights of the Student and myself. Nonetheless, I agree to be bound by all of the terms of the agreement.

DATE: _____

Print Parent/Guardian Name

Parent/Guardian Signature

Le Lycee Francais de San Diego (LFSD)

AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY (If Applicable)

For the safety of our child, we have a strict policy for the handling of medication at LFSD. If your child will be taking medication while attending the program, please be sure to follow the specific procedures listed below. Please note: Students will not be admitted to the program if these procedures are not followed.

- We ask that students attending the program please take ALL medication and/or vitamins before arriving, unless they MUST be taken during program hours.
- ALL medication MUST be brought to LFSD in their ORIGINAL CONTAINERS and given to LFSD staff on the first day of the program. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self-administering medication in accordance with the instructions below. In the case of emergency, or the child cannot administer the medication themselves, a LFSD staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- LFSD staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your child and the medication they need to take during the program.
- All medication information MUST be completely entered in your child’s Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the program. Any medication and/or vitamins left at LFSD will be disposed of.

MEDICATION 1	
DOSAGE	TIME OF DAY
NOTES	

MEDICATION 2	
DOSAGE	TIME OF DAY
NOTES	

I HEREBY AUTHORIZE the designated representatives of Le Lycee Francais et International de San Diego, d.b.a. Lycee Francais de San Diego (LFSD) to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of LFSD to provide the medicine to the child to self-administer in accordance with instructions listed on this form. Should the child be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child’s doctor, I hereby release LFSD and all of their officers, employees and agents (referred to below as the “RELEASED PARTIES”) from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by LFSD its agents or representatives or employees.

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN

DATE

PARENT AND/OR LEGAL GUARDIAN NAME

DATE