

Andrews Academy Lake Saint Louis Summer Experience 2025

Registration Form

STUDENT'S NAME: _____ SHIRT SIZE: _____

GRADE IN FALL 2025: _____ BIRTHDATE: _____ NAME OF SCHOOL: _____

ADDRESS: _____

PRIMARY PARENT PHONE NUMBER: _____ RELATIONSHIP: _____

SECONDARY PARENT PHONE NUMBER: _____ RELATIONSHIP: _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

1. NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

2. NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

CHILD'S PHYSICIAN: _____

PREFERRED HOSPITAL: _____

MEDICATION/RESTRICTIONS/ALLERGIES/SPECIAL NOTES: _____

If your child must receive medication during Summer Experience and/or extended care, please fill out a **Medication Authorization Form**.

All medication is to be kept in the office.

SPECIAL DIETARY NEEDS: _____

OTHER IMPORTANT INFORMATION ABOUT YOUR STUDENT: _____

TRANSPORTATION AUTHORIZATION: I give permission to Andrews Academy Summer Camp to take my child on field trips and excursions. I understand and acknowledge that Andrews Academy is not responsible for any unforeseen accident or injury incurred in connection with these events. As an inducement for the camp to include my child on these trips, I agree to hold the camp and its employees harmless for any claim(s) that might be made on behalf of my child due to any injuries and release the camp and its employees from any and all claims.

MEDICAL RELEASE: I do hereby grant permission to Andrews Academy Summer Camp to secure such medical aid and hospital service as the employees of Andrews Academy deem necessary for my child in the event he/she should sustain an injury or illness while attending camp. I understand that a body temperature of 100 degrees or more will require me to immediately pick up my child from camp.

PERMISSION TO PHOTOGRAPH: I acknowledge that my child might be photographed while participating in camp activities and that these photos may be used by Andrews Academy for the promotion and marketing of Andrews Academy Summer Camp. I understand that it is my responsibility to notify Andrews Academy, in writing, if I do not wish to have my child photographed.

PLEASE SIGN BELOW: I HAVE READ THE REGISTRATION MATERIALS IN FULL AND AGREE TO THE ABOVE STATED AUTHORIZATIONS.

Parent's Signature

Parent's Name

Date

Complete Registration on the back of this form.

9:00 a.m. – 4:00 p.m.

Morning Care opens at 8:00 a.m. and After Care is available until 5:00 at no additional cost.

Fees: \$350.00 per week

There is a 10% discount for the first sibling and a 15% discount for a second sibling when attending in the same week.

Weekly payments can be accepted through Tuition Express. Complete the attached Tuition Express form for automated payments. Payments will be processed on the Friday prior to attendance.

PLEASE COMPLETE THE FOLLOWING AND CHECK THE BOXES TO INDICATE THE EXPERIENCES YOUR CHILD WILL EXPLORE.

STUDENT'S NAME: _____

Let's Go Camping

June 2 – June 6

June 9 – June 13

Through the Decades

June 16 – June 20

June 23 – June 27

At the Beach

June 30 – July 3

July 7 – July 11

The Show Me State

July 14 – July 18

July 21 - July 25

World Travelers

July 28 – August 1

August 4 – August 8

Weekly payment is due prior to the first day of participation.

Andrews Academy Lake Saint Louis

Summer Experience 2025

Pick-up Authorization

Student's Name: _____

Parents' Contact Information:

Parent #1 Name _____

Parent #1 Cell Phone _____

Parent #1 E-mail _____

Parent #2 Name _____

Parent #2 Cell Phone _____

Parent #2 E-mail _____

List persons authorized to pick up your child from Summer Experience and/or After Care:

<u>Name</u>	<u>Relationship to child</u>	<u>Phone #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent Signature: _____ Date: _____

Notes:



Automated Payment Processing Safe - Convenient - Easy



We are excited to offer the safety, convenience and ease of Tuition Express®-a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR ACH BANK ACCOUNT and CREDIT/DEBIT CARD

I(we) hereby authorize *Andrews Academy* to initiate ACH charges to my (our) checking or savings account, indicated below (Section A) OR, to initiate credit/debit card charges to the below-referenced credit/debit card account (Section B). To properly affect the cancellation of this agreement, I(we) are required to give 10 days written notice. We accept MC, Visa and Discover.

PLEASE COMPLETE ONE SECTION ONLY

SECTION A (ACH Bank Account)

Your Name		Phone#		
Address		City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)		Account Number (see sample below)		<input type="checkbox"/> Checking
				<input type="checkbox"/> Savings
Authorized Signature		Date		

SECTION B (Credit/Debit Card)

20 processing fee will be applied

Cardholder Name		Phone#		
Cardholder Address		City	State	Zip
Account Number		Expiration Date	CW#	
Cardholder Signature		Date		

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>SAMPLECHECK</u> \$ _____ Dollars		
Routing Number: 1234567891	Account Number: 18003381	Check Number: 00226

Registration Checklist:

Registration to do:

- **Complete Registration Form**
- **Complete Pick-up Authorization Form**
- **Complete Tuition Express Form for automated payments if you choose.**
- **Submit completed forms along with a non-refundable Registration Fee of \$35 to Andrews Academy by April 12.**
- **Make check payable to Andrews Academy.**

o Registration materials can be mailed to:

**Andrews Academy Lake Saint Louis
Attn: Andrea Gill, Summer Experience Registrar
1701 Feise Road
Lake Saint Louis, MO 63368**