

2019

Trinity Lutheran Church Day Camp Registration Form
3 and 4 year olds/ Entering Kindergarten

9:00 am to 12:00 pm

Please return by June 7 in order for us to have adequate materials on hand

Name _____ Birthdate _____ Sex: M/F Age _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact _____ Emergency Phone _____

E-mail _____ Home Church/City _____

Registering for: Vacation Bible School Day Camp from June 17-20, 9 am to 2:30 pm.
Bring sack lunch. Cost \$10 per child/\$25 per family of 3+ children

Signature of parent/guardian of camper _____ Date _____

I agree that the church and its staff will not be held responsible for accidents or personal injury.

Parent/guardian signature _____

This camper is not covered by family medical/hospital insurance. I/we will cover the cost of health care for my child, should the need arise while my child is attending camp.

Parent/guardian signature _____

You have my PERMISSION TO USE MY CHILD'S PICTURE on bulletin boards at church, Facebook and on Trinity's web site. ____ Yes ____ No

Parent/guardian signature _____

If there is someone other than yourself bringing or pick up your child, please indicate

TRINITY LUTHERAN CHURCH

1229 Kathy Lane, Webster City, IA 515-832-2220