

2018

Trinity Lutheran Church Day Camp Registration Form for Pre-K (3 & 4 Yr Olds) & K (5 Yr)
9:00 am to 12 Noon

Please return by June 7 in order to adequate staffing/materials on hand

Name _____ Birthdate _____ Sex: M/F Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Name _____ Emergency Phone _____

E-mail _____ Home Church/town _____

Registering for: Vacation Bible School Day Camp from June 25-28, 9 am to noon.
Bring sack lunch. Cost \$10 per child

Signature of parent/guardian of camper _____ Date _____

I agree that the church and it's 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.