

2015 "SPECIALTY CAMPS" REGISTRATION FORM

Child's Full Name _____ Date of Birth _____ Age _____
 Address _____ (City) _____ (Zip) _____
 Telephone# _____ Current School _____
 Father's Last Name _____ First _____
 Father's Work#: _____ Cellular#: _____ Email: _____
 Mother's Last Name _____ First _____
 Mother's Work#: _____ Cellular#: _____ Email: _____
 Child lives with _____ Parents _____ Mother _____ Father _____ Other _____

Individuals to be notified other than parents in case of illness or accident, and others permitted to pick up child.

Name _____ Telephone _____
 Name _____ Telephone _____
 Child's Physician _____ Telephone _____ Allergies _____

PARENTAL CONSENT: I give my permission for my child to be treated at the nearest hospital in the event of an emergency, in the event that the parent/guardian or individuals listed above cannot be reached. I give my child permission to participate in activities and field trips with SUNFUN and will not hold responsible Trinity Lutheran Church and School, the staff, or licensed adult driving my child, in the event of an unforeseen accident.

Parent/Guardian _____

Cost: \$100 Each
day!

Time: 9AM-12PM

Ages: 3-5 (Preschool & Pre-K)

Location: Early Childhood Classrooms

Campers please bring in a snack/drink each

Please wear closed toed shoes!

DRESS FOR MESS!!

2015 Specialty Camps

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|----------------------------------|-----------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Week #1 | 6/8-6/12 | A Hawaiian Vacation Camp | |
| <input type="checkbox"/> Week #2 | 6/15-6/19 | Art Camp (please circle one) | EC <u>OR</u> K-4 th |
| <input type="checkbox"/> Week #3 | 6/22-6/26 | Adventures with Books Camp | |
| Week #4 | 6/29-7/3 | NO SPECIALTY CAMPS | |
| <input type="checkbox"/> Week #5 | 7/6-7/10 | An African Safari Camp | |
| Week #6 | 7/13-7/17 | NO SPECIALTY CAMPS | |
| <input type="checkbox"/> Week #7 | 7/20-7/24 | Ooey Goey Camp | |
| <input type="checkbox"/> Week #8 | 7/27-7/31 | Recycling Camp | |

(All tuition is NON-REFUNDABLE unless notice is given prior to June 5th, 2015)

Office Use Only: Date/ Amount Paid _____

- Cash
- Check