



## 2015 Registration Form

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Current School \_\_\_\_\_ Grade Completed \_\_\_\_\_

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 \_\_\_\_\_ Medical Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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 will not hold responsible Trinity Lutheran Church and School, the staff, or licensed adult supervising my child, in the event of an unforeseen accident. Parent/Guardian \_\_\_\_\_

### SUNFUN SPORTS CAMP FEE SCHEDULE

**Camp Fee Hours:** 8:00am-3:30pm-- \$160.00 (1<sup>st</sup> child), \$150.00 (2<sup>nd</sup> child), \$140.00 (3<sup>rd</sup> child)

**Camp Fees Hours w/After Care:** 8:00am-5:30pm-- \$180.00 (1<sup>st</sup> child), \$170.00 (2<sup>nd</sup> child), \$160.00 (3<sup>rd</sup> child)

**Camp is a weekly rate only!! Lunch is included!!**

**3% Discount for pre-payment of entire summer enrollment when registering ☺**

*To reserve your child's spot, select the weeks you are planning to attend and pay a minimum of one week's tuition to secure/reserve enrollment.*

*Please note the payment made in good faith will be applied to the last week in which your child is enrolled. All tuition is therefore due on the first day of each week attending.*

*Tuition is NON REFUNDABLE, if you do not show up for a week registered (unless prior notice was given).*

**Please indicate which week(s) you wish to enroll your child/ children:**

- |                          |         |           |  |
|--------------------------|---------|-----------|--|
| <input type="checkbox"/> | Week #1 | 6/8-6/12  | ALL SPORTS                             |
| <input type="checkbox"/> | Week #2 | 6/15-6/19 | BASKETBALL                             |
| <input type="checkbox"/> | Week #3 | 6/22-6/26 | VOLLEYBALL                             |
| <input type="checkbox"/> | Week #4 | 6/29-7/3  | NO SPORTS CAMP-----ADVENTURE CAMP ONLY |
| <input type="checkbox"/> | Week #5 | 7/6-7/10  | ALL SPORTS                             |
| <input type="checkbox"/> | Week #6 | 7/13-7/17 | SOCCER                                 |
| <input type="checkbox"/> | Week #7 | 7/20-7/24 | ALL SPORTS                             |
| <input type="checkbox"/> | Week #8 | 7/27-7/31 | BASKETBALL                             |

Parent/ Guardian \_\_\_\_\_

Office use only: Date/ Amount Paid \_\_\_\_\_

- ☐ Cash
- ☐ Check