



# Registration &

# Day & Camp

# Permission Form

**St Paul Lutheran Church**

PO Box 567 • 110 W Walnut

La Grange, Texas

(979) 968-5657 • www.stpaulg.com

July 20 - 24, 2015

*About You*

.....  
Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

*About Your Child*

.....  
Child Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Completed in School: \_\_\_\_\_

Siblings (Names & Ages): \_\_\_\_\_

What does your child like? \_\_\_\_\_

What else should we know (allergies, health concerns, etc)? \_\_\_\_\_

Who has permission to pick up your child (Please provide name and phone#)?  
\_\_\_\_\_  
\_\_\_\_\_

.....  
I give permission for adult volunteers and staff of St Paul Lutheran Church and Lutherhill Ministries to transport my child, care for my child's minor medical needs and to use photographs and/or videos of my child for ministry purposes.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Lunch Donation - \$10 per child**  
Lunch will be provided. If your child has special dietary needs please indicate those above. Your donation will offset the cost of food. Make checks payable to St Paul. If you feel you cannot pay this amount, just let us know. We want your child to join

**Before Care {7:30-8:30} - \$5 per day**  
 **After Care {3:30-5:30} - \$5 per day**  
Day Camp is from 8:30 - 3:30. Car outside of this time frame will be