ST. PAUL LUTHERAN CHURCH & SCHOOL
2022 SUMMER DAY CAMP REGISTRATION

A. Child's Name _____ **Birthday**_____ **Age**_____ **Grade To Enter**_____
Last School Attended_____ **Home Phone:** _____
Home Address: _____
City, State, Zip: _____ **Email Address:** _____

B. **Mother's Name:** _____ **Work Phone:** _____ **Cell:** _____
Father's Name: _____ **Work Phone:** _____ **Cell:** _____

C. **T-Shirt Size: Child – XS (4-6)** _____ **S (6-8)** _____ **M (10-12)** _____ **L (14-16)** _____
Adult - S (34-36) _____**M (38-40)** _____ **L (42-44)** _____ **XL (46)** _____

D. **We will use Summer Day Camp (check one):**
___ **Weekly/All Day 7:30 am - 5:30 pm**
___ **Single Days (please circle: M T W Th F)**
___ **Weekly/Half Day 7:30 am - 12:30 pm**
___ **Weekly/Half Day 12:30 pm - 5:30 pm**
___ **Weekly/Half Day 8:30 am - 1:30 pm**

E. **Please check weeks your child will be in attendance. You will be held accountable for advance payment for selected weeks on Friday prior to week attending. NOTE: A $60.00 fee will be charged for any week a family registers for camp but does not attend**

_____ **June 6 - 10 (VBS)**	_____**June 27 – July 1**	_____**July 18- 22**
_____**June 13 – 17**	_____**July 4 – 8 (closed July 4)**	_____**July 25– 29**
_____**June 20 – 24**	_____**July 11 - 15**	_____**Aug. 1-5**

F. **HEALTH PROBLEMS:**
Allergies:_____
Special Concerns: _____
Daily Medications: _____
Swimming ability: __ **None** __ **Beginner** __ **Intermediate** __ **Advanced**

ALL FORMS MUST BE TURNED IN AT THE TIME OF REGISTRATION ALONG WITH PAYMENT.
WE CANNOT ACCEPT REGISTRATIONS UNLESS ALL FORMS ARE COMPLETE & ON FILE

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FOR OFFICE USE ONLY:

PAYMENT ENCLOSED:	ALL FROMS THAT MUST BE ON FILE:
Registration (includes 2 weeks tuition and one shirt) $10.00 Fee for each extra T-shirt 2 weeks +$50 registration fee (Amounts below include reg. fee) Pk3 - 6TH GRADE Full Day: 1-child- $510, 2-$870, 3-$1,200; Half Day: 1 child- $400, 2-$670; 3 - $980	____ **D.C.F. Form (3, 4, and 5 year olds ONLY)** ____ Birth Certificate (if not a current student) ____ Physical Exam (if not a current student) ____ Immunization Record (if not a current student) ____ Emergency Care Form ____ Signed Campers Code of Conduct ____ Field Trip Permission Form

Date of registration: _____ **Time:** _____ **Check #** _____ **Amount:** _____