

I Love Summer! Day Camp Registration

Boy
 Girl

Last, _____ First _____ Known As _____
 Date of Birth _____ - _____ - _____ Age _____ Grade child will enter August 2010: _____
 ILC member
 Other Church Home _____

	Father/Guardian	Mother/Guardian
Name		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email		
Employer		
Position		
Work Phone		

If your child suffers from any illness, physical defects, or allergies (food, medicine, insects) that we should be aware of, please describe (use back if necessary): _____

Child's Physician:

Name _____ Address _____ Phone _____

Persons authorized to contact/pick up child other than parents:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please check the weeks your child will attend camp. Please be accurate so that we may plan accordingly for staffing and field trips. Registration will not be accepted if this section is not completed:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> June 7-11 | <input type="checkbox"/> June 27- July 2 | <input type="checkbox"/> July 19-23 |
| <input type="checkbox"/> June 14-18 | <input type="checkbox"/> July 5-9 | <input type="checkbox"/> July 26- July 30 |
| <input type="checkbox"/> June 21-25 | <input type="checkbox"/> July 12-16 | <input type="checkbox"/> Aug 2-6 |

In the event of a medical emergency, and in my absence, I give Immanuel Lutheran Summer Camp authorization to sign forms for medical treatment. I give permission for Immanuel Lutheran Summer Camp to transport my child to special activities.

I understand and agree to the following:

1. The registration fee is due at the time of registration and is **not refundable**.
2. Payment is due for all weeks for which a child is registered.
3. Payment is due on **MONDAY** of each week for which a child is registered.
