



Trinity Lutheran Church Summer Day Camp 2020



Don't get bored over break...come have fun in the "Sun," learn something new, and make a friend! ☺

Registration Form

One for each participant, please.

This camp is for children who have completed kindergarten through completed 5th grade.

Child's Full Name _____

Name to be called _____

Date of birth: _____ Age in years _____

Grade in school (grade for 2019-2020 school year) _____

Mother's Name: _____

Father's Name: _____

Address _____

Phone Number (home) _____ (work) _____

(cell) _____

Email _____

Emergency Contact(s) (please include names, numbers, and relation to your child)

Is there anything we should know about your child? (ex: this is his/her first experience away from home)

Does your child swim? _____

Does your child have any aversion to water activities?

Special interests or other activities of your child? _____

How did you learn about our summer camp program?

Church Member _____ Trinity Lutheran Academy _____ Other _____

T-shirt size (Youth) Small _____ Medium _____ Large _____ XL _____

(Adult) Small _____ Medium _____ Large _____ XL _____

Which week(s) will your child attend summer camp?

_____ May 26-29 _____ June 01-05 _____ June 8-12 _____ June 15-19 VBS

_____ June 22-26 _____ June 29-July 3 _____ July 13-17 _____ July 20-24

_____ July 27-31

Summer Camp begins at 8 am and ends at 3 pm. Cost for each week of summer camp is \$85, due at the beginning of the week. Also, a **\$50 registration fee per child** is required upon sign-up to secure your spot. This fee will guarantee your child a T-shirt and offset cost of supplies. Checks can be made payable to Trinity Lutheran Church. The registration covers as many weeks as will be attended (flat \$50 regardless of one or all eight weeks).

We plan one field trip per week and usually we cover the costs for this. There may be an occasion when we ask to help cover a portion of the cost depending on the activity.

Tuesday's we provide pizza for lunch. Tuesday and Friday campers can purchase ice cream from our Lil Ice Cream Dude Cart, the cost is \$2 or \$3. ***To avoid much confusion on ice cream day, please pay for this with your registration based on how many weeks you attend.***

We do offer after camp care from 3pm – 6pm for an additional cost of \$40 per week. Ms Melissa is the teacher in the afternoons.

Will your child need care after camp from 3pm – 6pm? Yes No

VBS will be held June 15-19 from 9 am-noon. There will be no camp this week but please join us for a fun week of Bible School. We will offer care after VBS for children who need all day care at an additional cost. There will be no pizza day this week so please send lunch each day.

Will your child be attending VBS? Yes NO

Will your child need after VBS care the week of June 10-14 from noon - 6 p.m.? Yes No (\$50/week due to extended hours)

Emergency Medical Information Form

Child's Full Name: _____

EMERGENCY INFORMATION:

Health Insurance Co. _____

Policy # _____

Secondary Insurance (If applicable) _____

FAMILY DOCTOR or PEDIATRICIAN: _____

Phone number: _____

Medical History/Other Medical Information

Please circle "yes" or "no" to the following questions. If you can answer "yes" to any of the following, please explain.

Yes No Allergies? _____

Yes No Heart Condition? _____

Yes No Fainting? _____

Yes No Upset Stomach? _____

Yes No Allergic to Bee Sting? _____

Yes No Allergic to Medicines? Please name them: _____

Yes No Poison Ivy, Oak, Sumac? _____

Yes No Other Allergies? _____

Yes No Has your child had any serious illness or surgery recently (within the past three months)?

Yes No Does your child have any condition that would prevent him/her from participating in any camp activities?

Yes No Is your child a diabetic? _____

Yes No Does your child have any sight or hearing impairment?

Date of last Tetanus _____

Yes No Does your child take daily medicines *that we would need to administer*? If so please name them and give specific, detailed instructions: _____

EVERY child attending Summer Camp MUST have state form 3231 or Proof of Immunization.

Trinity Lutheran Church

2535 Jefferson Road, Athens, Georgia 30607

Media Release Form

Throughout our summer camp experience, we delight in capturing memorable moments on camera or video. It is possible these pictures will be used in future camp flyers or on the church website. Please let us know if this is a concern.

I do allow photos of my child to be taken and shared: _____

I do NOT want pictures taken of my child: _____

Also, we will likely be using technology as a resource, both for "in-house field trips" and research. We will avail ourselves of the church media center and computer resources. If you do not wish your child to use internet sources, please indicate:

I do NOT want my child using technology while at camp: _____

I allow internet use: _____

I allow computer use, with the following restrictions: _____
