

Day Camps Summer 2008



Please fill out a separate form for each child. Additional forms are available in the church office. All checks should be made payable to: Trinity Lutheran Church. **Bring registration forms on Sunday, April 6th**, or to the church office following that date: Trinity Lutheran Church, 1314 East Lexington Blvd, Eau Claire, WI 54701. Registration is not accepted through the mail or by telephone. Questions? Call 832.6601.

1. Student Information			
Child's Name:			
Date:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address:		City:	Zip:
Phone Number:	Birth Date:	Age:	Grade completed: (circle one) Pre 1 Pre-K K 1 2 3 4 5 6
Father's Name:		Work/Cell Phone:	
Mother's Name:		Work/Cell Phone:	
Email:			
Emergency Name & Phone Number (Other than parents):			
Member of: <input type="checkbox"/> Trinity Lutheran <input type="checkbox"/> Interested in membership <input type="checkbox"/> Other:			

2. Camps & Dates /		Cost	Enroll #	Check # or cash
Camp Discovery Dates: June 9-13 for children who were 3 by 9.1.07 through those who have completed grade 5		\$60		
Trinity Sports Camp Dates: June 16-18 for children who were 3 by 9.1.07 through those who have completed grade 4		\$40		
Camp Come and Play Dates: June 23-26 for children whose birthdays are between 9.1.04 through 8.31.05		\$40		
Camp Cooking & Booking Dates: June 23-27 for children who were 3 by 9.1.07 through those who have completed grade 5		\$60		
Camp Veggie Tales Dates: July 7-11 for children who were 3 by 9.1.07 through those who have completed grade 5		\$60		
Camp Tell the Good News Dates: July 7-10 for children who have completed grades 4 and up		\$48		

3. Medical Release

I (We) understand that, in the event medical treatment and/or transportation is required, every effort will be made to contact me. However if, I/we cannot be reached, I/we give permission to the staff or sponsor at Trinity to secure services of a licensed physician and/or licensed paramedics to provide necessary care for my child/children's well being.

Parent Signature _____ Date _____

4. Medical Information (allergies, medications, special needs)

5. Pick up Procedure

My child will be picked up by: