**DAY CAMP REGISTRATION FORM**

**Monday, June 24 – Thursday, June 27th**

**Christ Lutheran Church, 150 5th St. Marine on St. Croix, MN / www.clcmarine.org**

**Cost: $40 (full and partial scholarships available) Cash or Check paid to CLC**

**Limited Spots. Registrations due June 10th.**

**For 3 year old – Pre-K Students**

**Monday - Thursday**

**9 a.m. – noon**

**For K-6th Graders:**

**Monday – Wednesday 9 a.m. – 3 p.m.**

**Thursday 9 a.m. – noon**

**Please bring: a water bottle, sunscreen, and a lunch (if K-6th grade)**

**Snacks and fun will be provided!**

CAMPER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_AGE\_\_\_\_\_\_

PARENT(S) NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_

HOME/CELL PHONE (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE JUST **COMPLETED BY CAMPER** (circle one) 3yr old PRE-K K 1 2 3 4 5 6

I give my permission for my child to participate in Luther Crest’s Day Camp at Christ Lutheran Church, to take part in the normal activities, and I authorize the church and camp staff to provide any necessary emergency medical care. I understand Luther Crest assumes secondary insurance coverage; the camper's family assumes primary coverage. I also give Christ Lutheran Church and Luther Crest permission to use any photograph of my child taken at camp in future promotion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature

**\_\_\_\_\_\_\_\_\_\_\_\_ I or someone else in my family would like to be a Day Camp Volunteer.**

***(Full-week adult volunteers will receive up to $40 waived off of their children’s registration costs)***

**\_\_\_\_\_\_\_\_\_\_\_\_ I would like to bring an extra lunch for a camp counselor.**

**\_\_\_\_\_\_\_\_\_\_\_\_ I would like to have the Luther Crest Day Camp Team (~5 college age students) at my home for supper one of the nights while they are here.**

**150 5th St.**

**clcmarine.org**

**651.433.3222**

**Email pastorhannah@clcmarine.org with questions**

*For office use only:*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Payment rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*