

**TRINITY LUTHERAN CHURCH  
2018 SUMMER CAMP PROGRAM APPLICATION**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade Entering Sept. 2018 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Person to contact in case of emergency (other than parent)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Pager/Cell Phone \_\_\_\_\_

Medical Problems/Medication \_\_\_\_\_

Person authorized to pick up your child(ren)

Person NOT authorized to pick up your child(ren)

Check camp weeks needed-Week1(June 18-22) \_\_\_\_\_ Week2(June 25-29) \_\_\_\_\_ Week3(July 2-6) \_\_\_\_\_

Week4(July 9-13) \_\_\_\_\_ Week5(July 16-20) \_\_\_\_\_ Week6(July 23-27) \_\_\_\_\_ Week7(July30-Aug3) \_\_\_\_\_

Week8(Aug 6-10) \_\_\_\_\_ Week9(Aug 13-17) \_\_\_\_\_

Check Extended Care needed- Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Both Sessions \_\_\_\_\_

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**A CHECK FOR SUPPLY FEE PAYABLE TO TRINITY LUTHERAN MUST ACCOMPANY THIS APPLICATION (Refer to Rates/fees list; supply fee is non-refundable)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date received \_\_\_\_\_

Fee paid \_\_\_\_\_