

**TRINITY LUTHERAN CHURCH
2019 SUMMER CAMP PROGRAM APPLICATION**

Student's Name _____

Age ____ Sex ____ Grade Entering Sept. 2019 ____ Date of birth _____

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 Issues/Medication _____

Allergies _____

Person authorized to pick up your child (ren) _____

Person NOT authorized to pick up your child (ren) _____

Check camp weeks needed-Week1 (June 17-21) ____ Week2 (June 24-28) ____ Week3 (July 1-5) ____

Week4 (July 8-12) ____ Week5 (July 15-19) ____ Week6 (July 22-26) ____ Week7 (July29-Aug2) ____

Week8 (Aug 5-9) ____ Week9 (Aug 12-16) ____

Check Extended Care needed- Before Care ____ After Care ____ Both Sessions ____

A CHECK FOR REGISTRATION, PAYABLE TO TRINITY LUTHERAN, MUST ACCOMPANY THIS APPLICATION (Refer to Rates/fees list; registration is non-refundable).

Signature

Date

For Office Use Only

Date received _____

Fee paid _____