

# St. Andrew Vacation Camp Registration Form 2018

*One form per camper*

**Monday, April 16<sup>th</sup> 9 a.m.- 2 p.m.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_

**Ages- 3 years (with preschool experience) to 5<sup>th</sup> grade. Cost \$30 if registered by April 2<sup>nd</sup> \$35 after this date. \$25 for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> child if registered by April 2<sup>nd</sup>. Snacks will be provided.... Please remember to bring bag lunch!**

Parent's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact (*during camp hours*) \_\_\_\_\_ Ph# \_\_\_\_\_

My child is ALLERGIC/ ACTIVITY limitation \_\_\_\_\_

People Authorized to pick your child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

If I, or my emergency contact person are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature \_\_\_\_\_

St. Andrew Vacation Camp  
P.O. Box 1259 Tel. # 322-0088  
Charlestown, RI 02813

## Photo Release

Please sign the appropriate statement to either Grant **OR** Refuse permission to use pictures of your children on the church website and/or for other church publicity. Please return this form to the church office.

I, \_\_\_\_\_ (Please print your name) **GRANT permission** for St. Andrew Lutheran Church to publish photos of my child(ren). \_\_\_\_\_ [Sign Here]

**OR**

I, \_\_\_\_\_ [Please print your name] **DO NOT grant permission** for St. Andrew Lutheran Church to publish photos of my child(ren). \_\_\_\_\_ [Sign Here]

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