

St. Andrew Summer Camp Registration Form 2020
One form per camper

Name _____ Date of Birth _____ Grade in Fall _____
Mailing Address _____
Town/ST/Zip _____
Email _____

Please register my child for: (*check one - one form per camper*)

_____ Kinder Camp (potty trained, 3-5 year olds)... July 6-10 from 9:00 a.m. - 1:00 p.m.
_____ Beach Camp (6th - 9th graders) July 13-17 from 9:00 a.m. - 3:00 p.m.
_____ Day Camp (1st - 5th graders) August 3-7 from 9:00 a.m. - 3:00 p.m.

Early Registration Discount date is May 31, 2020

Early Registration cost is \$120 per camper, 2nd & 3rd child in family \$105 each;

Cost as of June 1st, 2020 will be \$135 per camper

T-Shirt Size: (*check one size only*) Youth S Youth M
 Youth L Adult S Adult M Adult L Adult XL

Parent's Name(s) _____ Primary Phone: _____

Cell Phone: _____

Emergency Contact (*during camp hours*) _____ Phone # _____

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.

Photo Release

I GRANT permission for St. Andrew Lutheran Church to use, and publish photos of me and/or my child(ren) on the church website, social media and/or other publicity.

[] I agree.

[] I do not agree

Parent/Guardian

By signing your name you are acknowledging that the information in the form is accurate, and you affirm the Emergency Authorization, and Photo Release choice made.

Please return the completed form and check to St. Andrew Lutheran Church,
PO BOX 1259, Charlestown, RI 02813