

# St. Andrew Vacation Camp Registration Form 2019

*One form per camper*

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

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

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

Email \_\_\_\_\_

Please register my child for: (check one OR BOTH Camps— one form per camper)

\_\_\_\_\_ **Vacation Camp held on February 18<sup>th</sup> from 9am-2pm**

Ages- 3 years (with preschool experience) to 5<sup>th</sup> grade. **Early Registration price per child is \$35 if registered by February 5<sup>th</sup>**, and discount for siblings, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> child only \$30 per child.

**Cost as of Feb 6<sup>th</sup> is \$40 per child.** Snacks will be provided. Please remember to bring bag lunch!

\_\_\_\_\_ **Vacation Camp held on April 15<sup>th</sup> from 9am-2pm**

Ages- 3 years (with preschool experience) to 5<sup>th</sup> grade. **Early Registration price per child is \$35 if registered by April 2<sup>nd</sup>**, and discount for siblings, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> child only \$30 per child.

**Cost as of April 3<sup>rd</sup> is \$40 per child.** 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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