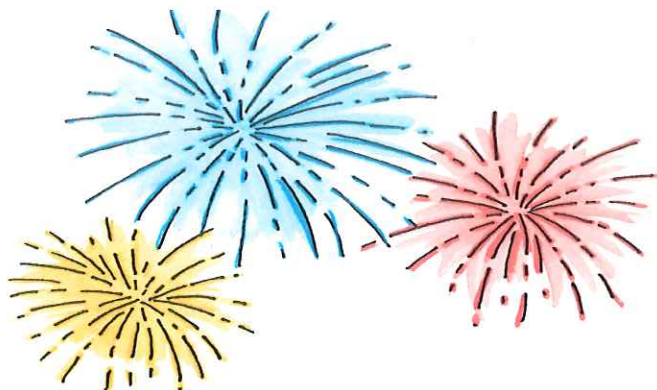


FULL



Red, White, and Blue

Holiday Camp

Ms. Heather and Ms. Sarah



July 5th, 6th, 7th

9 am to 2pm

Science, Music & Movement, Cooking

\$150

Three and Up

Must be Potty Trained

Bring your lunch

Snack provided

SOJ! CAMP REGISTRATION

- Please return form and payment to Paula Wolsted in the SOJ! office
- Checks in the amount of \$150 payable to SOJ!
- All payments are non-refundable unless camp does not meet minimum enrollment (10 students)
- On arrival children must be left with a staff member AND signed in
- Children will be released only to their parent(s) or an adult designated in writing
- Please complete one form for each registered child
- We will be cooking and/or preparing our snacks each day; therefore, we cannot register a child with severe food allergies.
- All students must be at least three years old and potty trained

Student Information:

Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Allergies and/or medical conditions: _____

Parent/ Guardian Information:

Name: _____

Address: _____ Phone #: _____

Emergency Contact Information:

Emergency Contact: _____

Emergency Contact Phone Number: _____

Person(s) other than parent (include phone #'s) allowed to pick up your child:

Family Physician (name and number): _____

Emergency and Liability Release:

- I will not hold "The Camp", Children of Joy! Preschool, SOJ! Lutheran Church and/or their staff responsible for accidents, claims and/or damages arising from my child's participation in camp activities
- I give my consent for necessary emergency treatment when my child is in need of care from any emergency medical service, physician and/or hospital
- In the event I cannot be reached in an emergency, I authorize the staff/ person in charge to take my child to the following physician or nearest emergency treatment center as needed
- Signing this form indicates I have read it in its entirety and agree with the terms set forth

Signed: _____ Date: _____

Relationship to child: _____

Email: _____