

# SCIENCE CAMP at COJ

July 24 – 27

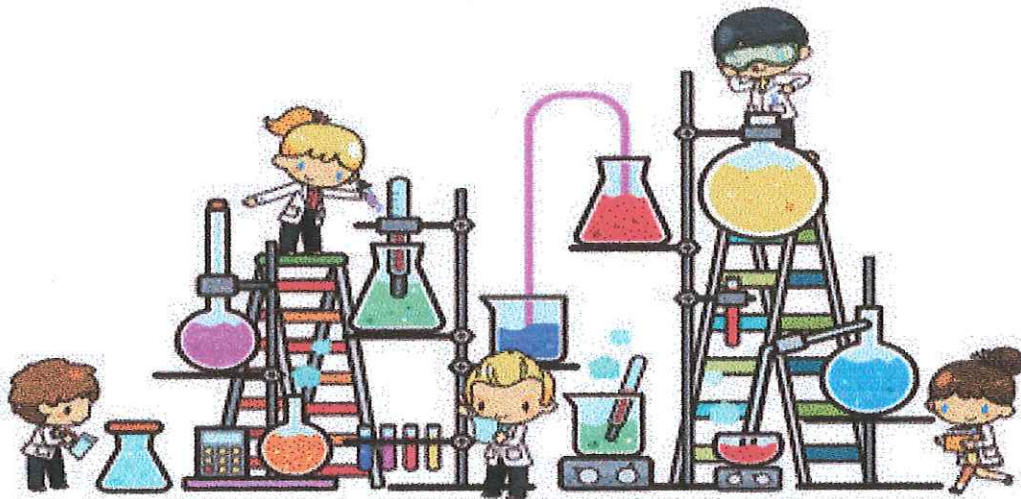
9a.m. to 12p.m.

Age 3 – 6

Ms. Lorena and Ms. Myriam

Learn about Science through interactive and hands-on Science activities, discover cool chemicals reactions and more...

Experiments are taken home at the end of the day!



- \$140 per child
- Must be potty trained
- Bring back pack and complete change of clothes
- Snack will be provided, no lunch is needed
- Sorry, no refunds unless the camp is canceled
- Space is limited! Call COJ/DOJ @936-271-0893 for additional information

# SCIENCE CAMP AT COJ REGISTRATION

Ms. Lorena and Ms. Myriam

**July 24 -27 9a.m. to 12p.m.**

- Please return form and payment to Paula Wolsted in the SOJ! Office.
- Checks in the amount of \$140 payable to SOJ!
- All payments are non-refundable unless camp is cancelled.
- On arrival children must be left with a staff member AND signed in.
- Children will be release only to their parent(s) or an adult designated in writing.
- Please complete one form for each registered child.
- We cannot register a child with severe food allergies or medical conditions.
- All kids must be 3 years old and potty trained.
- Bring back pack and complete change of clothes.
- Snack will be provided, no lunch is needed.

## Student Information:

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies or medical conditions: \_\_\_\_\_

## Parent / Guardian Information:

Name: \_\_\_\_\_  
Address \_\_\_\_\_ Phone #: \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Person(s) other than parent allowed to pick up your child: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Emergency Liability Release:

- I will not hold "SCIENCE CAMP" Ms. Lorena /Ms. Myriam COJ Preschool or SOJ! Lutheran Church and /or their staff responsible for accidents, claims and/or damages arising from my child participation in the 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.
- I give SOJ! Lutheran Church, COJ, Ms. Lorena Ayala and Ms. Myriam Lee permission to used and photograph/video my child taken at SCIENCE CAMP for future promotion materials and any legitimate business purposes at no additional cost or commission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_