

**TRINITY LUTHERAN SCHOOL
2007 SUMMER SONSHINE CAMP
FAMILY REGISTRATION FORM**

Ck # _____ Reg. pd. _____ Date _____

EMERGENCY INFORMATION	
Home Phone:	_____
Mother's Work Phone:	_____
Father's Work Phone:	_____
Doctor's Name:	_____
Doctor's Phone	_____

Child's Name _____

_____ (Last) _____ (First) _____ (Middle) _____ (Nickname)
 Date of Birth _____ Boy _____ Girl _____ Grade entering next Fall _____ Baptized? _____

Child's Name _____
 _____ (Last) _____ (First) _____ (Middle) _____ (Nickname)
 Date of Birth _____ Boy _____ Girl _____ Grade entering next Fall _____ Baptized? _____

Church or Sunday School Attended _____

Remarks (such as left-handed, allergies, etc.): _____

 (Mark an "X" by address where child lives:)

Mother's Name _____
 _____ (Last) _____ (First) _____ (Home Phone)

Home Address _____
 _____ (Address) _____ (City) _____ (State) _____ (Zip)

Employer _____
 _____ (Name) _____ (Address)

Father's Name _____
 _____ (Last) _____ (First) _____ (Home Phone)

Home Address (if different) _____
 _____ (Address) _____ (City) _____ (State) _____ (Zip)

Employer _____
 _____ (Name) _____ (Address)

Permission to pick child up: Mother: Yes _____ No _____ Father: Yes _____ No _____

Emergency contact (when parent cannot be reached):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Persons permitted to pick child up (other than parent):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent's Signature _____ Date _____ **SCHEDULE ON BACK**

SUMMER RECREATION SCHEDULE

Please indicate the days or weeks and approximate hours your child will be attending.

This schedule is neither a parental commitment nor a guarantee that Trinity will be able to provide the requested care. Trinity reserves the right to refuse care based on the need to insure adequate staffing. Changes can be made by notifying the Director, Mrs. Frick or Mrs. Link. Although Trinity does provide for part-time or scheduled short term (drop-in) care, preference is given to those children signing up for full-time care. You will be notified if Trinity is unable to provide care for your child on the requested dates. Please notify us at least 24 hours in advance of any changes to your child's schedule.

All Summer Fees must be paid ahead on a weekly basis.

(Closed July 4 for Independence Day)

June 4-8 _____

June 11-15 _____

June 18-22 _____

June 25-29 _____

June 2, 3,5,6 _____

July 9-13 _____

July 16-20 _____

July 23-27 _____

July 30-31 _____