

**Registration Form**  
**Zion Lutheran Church and School Summer Camp**  
*The Village*

Family Name \_\_\_\_\_

Children enrolled in The Village Camp Program:

Child's Name	Date of Birth & Age(as of 9/1/09)	School Name in 08-09/ Grade level 09-10	T shirt size: Youth: S, M, L Adult: S, M, L, XL

Parents/Guardian Names \_\_\_\_\_

Marital Status \_\_\_\_\_ Child resides with \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager/Cell Phones \_\_\_\_\_

Family email address: \_\_\_\_\_

Parents Work Places:

Mom \_\_\_\_\_ Phone \_\_\_\_\_

Dad \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone Numbers(other than parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Membership \_\_\_\_\_ Denomination \_\_\_\_\_

**MEDICAL CONSENT**

In the event that my child(ren), \_\_\_\_\_, has a medical emergency at a time when I cannot be reached, I hereby give the Zion Lutheran Summer Camp staff permission to authorize emergency measures necessary for his or her welfare. I will assume full responsibility of any fees for these measures. Zion Lutheran Church and school does not assume any financial responsibility but will provide or arrange for emergency care. By signing this form, you are giving the appropriate camp personnel authority to call EMS to transport or to obtain medical care if you or the alternate adults cannot be reached.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone# \_\_\_\_\_

Child's Name	Medical Alert	Physical Limitations	Medications	Allergies

**MEDICATION AUTHORIZATION**

I authorize The Village Summer Camp Staff to give my child(ren), \_\_\_\_\_ any medication that I bring or send to the camp. I will leave medication instructions on the medication sign in sheet and give all medications to the director. Should you not understand my written instructions, simply call me at the number I have provided to you. I authorize any medication I bring or send to the camp to be given as instructed and will not hold the camp or its employees liable for an side effects or allergies, etc. resulting from dispensing this medication. I further understand that any prescription medication must be prescribed to my child or it cannot be administered.

\_\_\_\_\_  
Parent Or Guardian

\_\_\_\_\_  
Date

**SUMMER CAMP ENROLLMENT PLANS:**

To enable us to prepare staff and plan activities, please CHECK each week that your child will attend Summer Camp. Your child must attend a minimum of six (6) weeks. Your billing will be based on the schedule below. All weekly payments are due by the Friday of the previous week. Any returned checks will be subject to a \$25.00 charge.

My child plans to attend the Summer Days:

- \_\_\_\_\_ Week 1: June 8-12
- \_\_\_\_\_ Week 2: June 15-19
- \_\_\_\_\_ Week 3: June 22-26
- \_\_\_\_\_ Week 4: June 29-July 3
- \_\_\_\_\_ Week 5: July 6-10
- \_\_\_\_\_ Week 6: July 13-17
- \_\_\_\_\_ Week 7: July 20-24
- \_\_\_\_\_ Week 8: July 27-31
- \_\_\_\_\_ Week 9: August 3-7
- \_\_\_\_\_ Week 10: August 10-14

***Before & After Camp Sessions***  
 Zion Lutheran Summer Camp will offer Before Camp (6:30am-9:00am) and After Camp (3pm-6pm) sessions as a convenience to our families that need care beyond the 9am-3pm Camp sessions.

My children tentatively need:

\_\_\_\_\_ Before Camp on a:  
           \_\_\_\_\_ regular basis           \_\_\_\_\_ drop off time  
           \_\_\_\_\_ occasional basis

\_\_\_\_\_ After Camp on a:  
           \_\_\_\_\_ regular basis           \_\_\_\_\_ pick up time  
           \_\_\_\_\_ occasional basis

\_\_\_\_\_ We will be using only the 9am-3pm Camp sessions

**FIELD TRIP CONSENT**

I grant the Zion Lutheran Summer Camp, *The Village*, permission to take my child(ren), \_\_\_\_\_ to his/her various activities and places via chartered bus, Metra or on walking trips of eight blocks or less. I understand that additional fees will be assessed to cover the cost, if any, of the field trip.

I understand that all reasonable precautions will be taken by *The Village* Summer Camp staff to avoid injury to my child(ren). In consideration thereof, I waive any claims for damage and /or injuries that may arise from, or may be incidental to the field trips described to the extent allowed by law. I further understand that Zion Lutheran Church & School and *The Village* summer camp may not be held responsible for the intentional or negligent act of other persons who are not its employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTOGRAPHIC CONSENT**

I give the Zion Lutheran Summer Camp, *The Village*, permission to take pictures of my child(ren), \_\_\_\_\_ for promotional and advertising purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ORIENTATION**

Zion Lutheran Summer Camp, *The Village*, will host a mandatory orientation session for parents and guardians on Saturday, June 6, 2009 from 11am-12pm (noon). Parents will have the opportunity to meet our staff and to complete registration of their child.