Office Use Only

Select (x) Program

Sunscreen/bug spray: Photo Release: Emergency Contact:



Office Use Only

Date Received:

Deposit Pd:

### **CALVARY LUTHERAN SCHOOL-AGE SUMMER CAMP CREW**

Student's Name		Today's Date: _	
Preferred Name		Sex: M	F
Current Age		Date of Birth	
Child's Primary Residence? Both Parents   Date	d	Other	
Parent (Guardian) Name			
Address			
Home Phone			
Cell Phone	Work Phone		
Parent Name			
Address or Same as above			
Home Phone			
Cell Phone	Work Phone		
SELECTION OF SERVICES I	FOR SUMME	R CAMPS (I	Monthly Rates)
		R CAMPS (I	
JUNE	JULY	R CAMPS (F	AUGUST
JUNE 5 <sup>TH</sup> - 27 <sup>TH</sup> Closed: (June 19 <sup>th</sup> , 20 <sup>th</sup> ) GARDEN/GROW	<b>JULY</b> 1 <sup>ST</sup> - 31 <sup>ST</sup>	tem	AUGUST 1 <sup>ST</sup> - 22 <sup>ND</sup>

Summer Camp Payment is Due by the  $1^{\text{ST}}$  of the Month

Select (x) Program

Select (x) Program

### Please Read And Sign The Following:

I understand that:

A one-time non-refundable registration fee of \$50 is required to hold my child's place for the summer.

Payment is due on the 1<sup>st</sup> of the month. No refunds will be given for days absent. (Late fees may apply after the 10<sup>th</sup> of the month.)

Parent/Grardian Signature \_\_\_\_\_ Date \_\_\_\_

## \*\* PRIORITY IS GIVEN ACCORDING TO THE DATE WE RECEIVE THIS FORM AND THE REGISTRATION FEE.

Please return this form to Calvary Lutheran Christian Preschool, 2508 Washington Ave. SE, Bemidji, MN 56601 Calvary Lutheran Christian Preschool admits students of any race, color and national or ethnic origin.



# CALVARY LUTHERAN SUMMER CAMP CREW PERMISSION & CONSENT Please Read And Sign The Following:

#### Sunscreen & Bug Spray Permission Slip:

Parent/Guardian Signature:

I give permission for the Calvary Lutheran staff to assist and/or apply sunscreen and/or bug spray to exposed skin, including but not limited to the face, tops of ears, neck, shoulders, arms, legs and feet. Sunscreen or bug spray will not be applied to any broken or irritated skin.

It is my responsibility to provide the sunscreen and bug spray for my child(ren). The bottles will be labeled with my child's name. Siblings should not share, please provide a separate bottle for each child.

child's name. Siblings should not share, please provide	a separate bottle for each child.
Date:	
Child's name:	
Parent/Guardian Signature:	
Photo Release Consent:	
Pnoto Release Consent:	
during the summer while enrolled as a student of Calva publications (ex. newsletters, bulletin boards, and/or Fa of him/her during the summer may be placed on the Ca	understand that the photographs or videos taken of him/her ry Lutheran Summer Camp Program may be placed in Calvary acebook). I futher consent that the photographs or videos taken alvary Lutheran website to promote the agency's services as stand that personal identification will not appear on the school or
(Pleas	se Circle One)
I GIVE CONSENT	I DO NOT GIVE CONSENT