



Office Use Only
 Sunscreen/bug spray:
 Photo Release:
 Emergency Contact:

Office Use Only
 Date Received:
 Deposit Pd:

CALVARY LUTHERAN 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 Dad Mom Other _____
 Parent (Guardian) Name _____
 Address _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____
 Parent Name _____
 Address or Same as above _____
 Home Phone _____ Best Email _____
 Cell Phone _____ Work Phone _____

SELECTION OF SERVICES FOR SUMMER CAMPS (Monthly Rates)
 SUMMER CAMP HOURS 7:30-5:30

JUNE
 1st-30th
 *Closed: (June 19th)

SPACE
 Intergalactic fun and exploration, with far out projects and crafts

JULY
 1ST - 31ST
 *Closed: (July 3rd)

WILDLIFE
 Explore the wilderness with fun, educational projects and activities.

AUGUST
 1ST - 28ND
 (Includes VBS)

RAINFOREST
 Venture into the tropical rainforest with sensory fun and more!

\$650

 Monday-Friday

\$650

 Monday-Friday

\$650

 Monday-Friday

Select (x) Program

Select (x) Program

Select (x) Program

Summer Camp Payment is Due by the 1ST of the Month

OVER

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 1st of the month. No refunds will be given for days absent. (Late fees may apply after the 10th of the month.)

Parent/Guardian 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:

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.

Date: _____

Child's name: _____

Parent/Guardian Signature: _____

Photo Release Consent:

I the parent/guardian of _____ understand that the photographs or videos taken of him/her during the summer while enrolled as a student of Calvary Lutheran Summer Camp Program may be placed in Calvary publications (ex. newsletters, bulletin boards, and/or Facebook). I further consent that the photographs or videos taken of him/her during the summer may be placed on the Calvary Lutheran website to promote the agency's services as well as offer information and resources. I further understand that personal identification will not appear on the school or church website.

(Please Circle One)

I GIVE CONSENT

I DO NOT GIVE CONSENT

Parent/Guardian Signature: _____