**SMLC Day Camp Registration**

**June 26-30, 2017**

 **9 am- 3 pm**

**Guardian/Parent Info**

Name(s) \_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_

City & Zip \_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

**Please list adults that have permission to pick up your children**

Name Relationship

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name | Age | Birthdate | Grade | T-Shirt Size | School Attending | Allergies or Concerns |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Please let us know if there is anyone who should not be allowed to pick them up* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We are happy to provide a scholarship for families that have need.**

I have attached a check to pay for the 1week session. ($110.00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I cannot pay the entire amount, but am able to contribute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks payable to SMLC Day Camp, thank you!

**Photo release permission**

Please let us know if you are willing to allow us to post pictures of your children to our Church Website or on posters to be used at church.

Child’s names will not be attached to the picture.

Yes, you have permission to post pictures of my child on the church website. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No, I prefer you do not use my child’s picture on the church website. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_