

Messiah Summer Day Camp

Registration Form (Please complete both sides)

Dates:

June 25th – August 3rd

No Camp on Wednesday July 4th

Location: Messiah Lutheran Church, 6201 W. Patterson Ave. Chicago , IL 60634

If you have any questions please contact us at MSDCamp@sbcglobal.net or (773)725-8903

A separate form must be completed for each child you are enrolling

Please complete the following and return to the church office **with your \$30** registration fee. Any applications turned in without the application fee will not be processed and your child will not be guaranteed a spot. Weekly camp rate is \$100 (\$90 for each additional child in the same family/household). When necessary, the daily camp rate is \$35.

Child's Name _____ Birth Date: _____

Preferred Name _____ Nickname _____

Grade child last completed: (please circle) PK K 1 2 3 4 5 6 7 8

Address _____

Father _____ Mother _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

E-Mail Address _____ E-Mail Address _____

My child plans to attend the following days:

____ Week 1-June 26-30	all days	or	M T W TH F
____ Week 2-July 5-7	all days	or	M T TH F (NO CAMP ON JULY 4)
____ Week 3-July 10-14	all days	or	M T W TH F
____ Week 4-July 17-21	all days	or	M T W TH F
____ Week 5-July 24-28	all days	or	M T W TH F
____ Week 6-July 31-Aug 4	all days	or	M T W TH F

Before and After Camp Sessions :

Messiah Camp will offer Before Camp (7:30-9:30am) and After Camp (3:30-5:30pm) sessions as a convenience to our families that need care beyond the 9:30 AM-3:30 PM Camp sessions. Cost of extended care is \$5.00 per hour for the first child, \$3 per hour each additional child (children must be from the same family for discount to apply). If you plan on utilizing Before and After Camp please indicate below the time of arrival and departure (for example 8:00 AM-4:00 PM).

M: _____ T: _____ W: _____ TH _____ F: _____

Please list any allergies or food restrictions: _____

Please list any medication your child is taking: _____

Physical restrictions and limitations: _____

Emergency information (*person authorized to pick child up in case of an emergency*)

Name: _____

Home Phone: _____

Relation to child: _____

Persons authorized to pick up or drop off child: _____

Persons NOT authorized to pick up child: _____

Photographic Release: I hereby grant Messiah Lutheran Church Day Camp the absolute right and permission to copyright and use, reuse, publish, and republish photographic materials of my child to illustrate, promote and advertise Messiah Lutheran Church Day Camp in publications and websites.

Signature of Parent/Guardian: _____ Date: _____

Walking Field Trip Release:

I authorize Messiah Summer Day camp staff to take my child(ren) on walking field trips no greater than 2 miles from Messiah Lutheran Church, 6201 W. Patterson. Walking field trips may include, but are not limited to, nature walks, local public libraries or parks and area playgrounds.

Signature of Parent/Guardian: _____ Date: _____