

LINDENWOOD SUMMER CAMP 2010

REGISTRATION FORM (entering grades 1-10)

SECTION ONE **STUDENT CAMP INFORMATION**

Camper's Name _____

Age _____ Date of Birth ____/____/____ Sex _____ Grade Entering Fall 2010 _____

Home Address: _____ Home Ph. _____

City _____ State _____ Zip Code _____ School attending in Fall _____

Camp Groups will be the following: K-1, 2-3, 4-5, 6-7(8), & (8)9-10

Campers entering 8th grade in the Fall of 2010 may choose their group (please mark) ____ 6-7 or ____ 9-10

A limited number of kindergartners will be accepted if they have a sibling attending camp

SECTION TWO **PARENT INFORMATION**

Mother's Name _____ Father's Name _____

E-mail Address _____

Mother's Place of Employment _____

Father's Place of Employment _____

Mother's Wk. Number _____ Ext. _____ Beeper/Cell Number _____

Father's Wk. Number _____ Ext. _____ Beeper/Cell Number _____

Mother's Driver's License Number: _____

Father's Driver's License Number: _____

If divorced or separated, which parent has custody: ____Mother ____Father ____Both

SECTION THREE **EMERGENCY AND PICK-UP PERMISSION FORM**

List those in addition to those listed above, who may pick up your child from camp and may be contacted in an emergency.

1. Name: _____ Ph. _____ Cell _____

2. Name: _____ Ph. _____ Cell _____

3. Name: _____ Ph. _____ Cell _____

Please call in advance if someone other than those listed above will be picking up your child.

SECTION FOUR **MEDICAL INFORMATION**

Pediatrician's Name _____ Office Ph.# _____

Hospital of Choice: _____

List any medications your child is allergic to _____

List any medication your child is currently taking _____

List any medical information that may be needed by our staff in caring for your child.

SECTION FIVE **SUMMER CAMP HANDBOOK CONFIRMATION**

I affirm that I have read and accept each section of the Summer Camp Handbook.

Please ask for a handbook at the Life Center front desk or at our web site; www.lccamp.org

Parent Signature

Date

SECTION SIX

FIELD TRIPS AND CLIMBING CENTER PERMISSION

My Child, listed on this application, has my permission to participate in all summer camp activities, attend Lindenwood sponsored field trips and participate in the climbing center - consisting of a 20' climbing wall and rope. By signing below, the participant (or parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in camp activities, field trips, transportation and the climbing center. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature of Parent/Guardian

Date

SECTION SEVEN

SUMMER CAMP ATTENDANCE

Mark the weeks of summer camp you will be attending:

- * May 24-May 28 June 21-25 July 19-23
- ** June 1-4 June 28-July 2 July 26-30
- June 7-11 July 5-9 Aug. 2-6
- June 14-18 July 12-16 SDO Aug.9-13

Camp spots are limited and may fill up. Please give us as much advance notice as possible if you need to delete or add a week(s) of camp. Weeks may be added only if available.

SECTION EIGHT

REGISTRATION PAYMENT SECTION

- A. Camp Registration** \$45 per child (all campers) \$45.00
- B. Locker and lock Rental** \$30 May 24 thru August 6 \$_____
- C. Camp t-shirt** \$15 _____ # of shirts \$_____

**Lockers are only available for grades 4-10 (\$10 fee to replace lost lock-\$5 fee to replace lost key)*

**t-shirts will be available on Thursday, May 27 and may be picked up after 4 pm (it may take up to 2 weeks to receive t-shirt if ordered after May 14)*

Please indicate t-shirt size and quantity (first one FREE is registered by May 7)

_____ child M _____ child L _____ adult S _____ adult M _____ adult L _____ adult XL

TOTAL REGISTRATION FEE (Add items A thru C) **TOTAL \$** _____

Please use separate registration forms for each child.

Make checks payable to Lindenwood Christian Church

AMOUNT ENCLOSED WITH THIS FORM \$_____ Ck Number _____

Weekly Camp Payments are due each Monday for each week you are registered. You can make advance payments for weekly camp fees. Please indicate on your check memo line; camper's name, week or date of camp, etc. Please give as much detail as possible.

Weekly Fee Rates

- \$107 per-week per-child
- \$300 per-week maximum family weekly rate for multiple children (siblings only)
- *\$65 pro-rated week for May 26-28 for campers still in school on Monday & Tuesday
- **\$84 pro-rated for June 1-4 (closed for Memorial Day)

\$70 half-days per week—per-child (Before or after 12:00 pm—no daily half days)

\$35 for Fridays only—no additional child discounts

Half-days and Fridays may be used if there is space available—please check with director.

Meals and snacks may be purchased at camp or brought from home. See handbook for details.

SECTION NINE

CAMP CLOSINGS

MAY 31 FOR MEMORIAL DAY

Web Site: www.lccamp.org

E-mail for camp information: Toni.key@lindenwood.net

E-mail for bookkeeping / payments: jeanann.mcbride@lindenwood.net