

# GARDENSONG DAYCAMP

June 25-29, 2018

## Registration Form

Please complete front and back

### Family Information:

Family Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's or Guardian's Names \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Please list all persons who are authorized to pick up your child(ren). Children will only be released to authorized persons with photo ID.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Additional Information:

How did you hear about us?

Yes  No

Would you like to receive e-mail information about Trinity's family activities?

### Emergency Information:

Please list person to be called if parent or guardian cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### Payment Information:

- Early Bird \$125/child \$225/family (before May 1<sup>st</sup>);
- Regular \$135/child \$250/family (May 1-June 25)
- Student Volunteer –free of charge
- Scholarship (if you are interested in a scholarship, please send your request to [family@telcsb.org](mailto:family@telcsb.org).)

### Photo Release:

I understand that during the course of the camp pictures may be taken to help us remember the events of the week.

- I give permission for my child's picture to be used in church publications such as, but not limited to: newsletters, web-site, and brochures.
- I do not give permission to use my child's picture.

### Signature:

Parent/Guardian

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

For more information contact:  
(805)687-1577 or [family@telcsb.org](mailto:family@telcsb.org)

Return Forms to:

Trinity Lutheran Church 909 N. La Cumbre Rd. SB CA 93110

Or e-mail completed form to: [family@telcsb.org](mailto:family@telcsb.org)

For Office Use Only: Date received \_\_\_\_\_ By \_\_\_\_\_ ; Payment received: \_\_\_\_\_ By \_\_\_\_\_

**Camper Information:**

**Child #1**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Birthdate Grade in school T-shirt size  
(2018-2019)

**Allergy & Medical Alerts; Special Needs:**  
Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?  
 Yes  No  
If Yes, please list below:

**Child #2**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Birthdate Grade in school T-shirt size  
(2018-2019)

**Allergy & Medical Alerts; Special Needs:**  
Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?  
 Yes  No  
If Yes, please list below:

*If your child requires any medications, you must bring a completed Medication Form on the first day of camp and talk to the parish nurse. Please e-mail us to obtain a form.*

*If your child has any food allergies, we strongly recommend that you bring snacks for your child. Gluten-free alternatives will be available.*

**Child #3**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Birthdate Grade in school T-shirt size  
(2018-2019)

**Allergy & Medical Alerts; Special Needs:**  
Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?  
 Yes  No  
If Yes, please list below:

**Student Volunteer Information:** (volunteers must be pre-approved by the camp director and entering 7<sup>th</sup> grade or above in 2018; orientation training will be held on June 24<sup>th</sup> noon-3:00)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Birthdate Grade in school T-shirt size  
(2018-2019)

**Allergy & Medical Alerts; Special Needs:**  
Are there any special needs, allergies or medical concerns for this child that the camp should be aware of?  
 Yes  No  
If Yes, please list below:

