



Lutheran Memorial Day Camp Registration Form

Please return the registration form to the church office or email to Tami Steffensen at tsteffensen@lutheranmemorial.org.

Child's Name _____ Date of Birth _____

Age _____ Grade ('19-'20 school year) _____

Allergies or special needs we need to be aware of: _____

Parents/Guardians _____ Home Phone # _____

Address _____

Mom's Work # _____ Mom's Cell # _____

Dad's Work # _____ Dad's Cell # _____

Mom's Email Address _____

Dad's Email Address _____

Additional Contact person and phone # in case of emergency _____

I give permission for the above-named child to participate in any activity planned for Day Camp Program. I give permission for my child to be taken to the doctor or hospital and authorize medical treatment if needed.

Parent/Guardian Signature _____ Date _____

I willingly agree to allow Lutheran Memorial Church to publish photographs and/or videos of my child for advertising purposes in all forms of media.

Parent/Guardian Signature _____ Date _____

**Day Camp Cost: \$25
Scholarships are available!**