

Grace Lutheran Church / Day Camp 2017 Registration

Child(ren) Information:

(First and Last Names) Summer 2017:

PRE-K, KINDERGARDEN, 1ST GRADE

Please circle days attending:

1. _____ Birthdate ___/___/___ Grade ___ (2017-18) June 6 June 13 June 20 June 27
2. _____ Birthdate ___/___/___ Grade ___ (2017-18) June 6 June 13 June 20 June 27

2ND GRADE, 3RD GRADE, 4TH GRADE

1. _____ Birthdate ___/___/___ Grade ___ (2017-18) June 8 June 15 June 22 June 29
2. _____ Birthdate ___/___/___ Grade ___ (2017-18) June 8 June 15 June 22 June 29

Yes/No (circle) I have additional information to share (ie: allergies, special needs or other information) concerning my child, _____
(name)

Household Information: *(Feel free to write "same" where appropriate)*

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email to use for communication (please write carefully): _____ Email to use for communication (please write carefully): _____

Parent/Guardian Permission

I hereby grant Grace Lutheran Church; Waseca, MN (the organization) permission to use pictures that include my child(ren)'s likeness in church publications. (without use of any names)

(Signature)

(Date)

(Printed Name)