



Abiding Presence
LUTHERAN CHURCH
DAY SCHOOL



SUMMER
PROGRAM

Child's Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ City & State: _____ Zipcode: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Does your child take a nap on a daily basis? _____

Is your child toilet trained? _____

I wish to register my child to attend the Summer Program.

Summer Program is Mon– Fri from 9:00am—2:00pm

Please select your choice of session/sessions:

Circle one or two sessions

June 19th-30th
\$300

July 10th– 21st
\$300

- Enrollment Fee is \$50 (non-refundable)
- The camps are \$300 per child per session.

I have included:

☐ \$50 Enrollment fee

Parent Signature _____ Date _____

Participation Consent

I understand there may be elements of risk associated with activities at **EXPLORE+DESIGN+CREATE CAMP**. I hereby release and agree to indemnify and hold harmless Abiding Presence Lutheran Church, Rebekah Barnes or any of the camp staff from any and all claims of any nature, during my child's participation at **EXPLORE+DESIGN+CREATE CAMP**.

In case of an emergency, I give permission for my child to be administered medical aid. I give Rebekah Barnes, the authority to call EMS, to transport, or to obtain medical care if the parents/guardians or the alternate emergency contact person cannot be reached. Rebekah Barnes does not assume any financial responsibility incurred for the emergency care of my child.

Parent's Name printed:

Parent's Name signature _____

Date: ____/____/____

