

# COMING THIS SUMMER

**Fjeldberg & Palestine  
Lutheran Churches VBS!**

## TRANSFORMED

ROMANS 12:2



## RIVERSIDE DAY CAMP/VBS

**WHERE:**  
**Fjeldberg**

**Lutheran Church**

**TIME:**  
**9 a.m. to 2 p.m.**  
**(9 - 11 for KG/  
preschool)**

[WWW.RIVERSIDELBC.ORG](http://WWW.RIVERSIDELBC.ORG)

**DATES:**  
**June 8-11**

**\$20 if registered by May 20;  
Maximum of \$50/family  
\$30 registration after May 20  
Maximum of \$70/family  
Forms available at both church websites  
and fellowship halls.**

# Riverside Day Camp Registration and Health Form

Please print clearly. This form may be copied. Please use a separate form for each camper.  
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

Location of Day Camp \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Sex: M / F  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ 1st time day camper? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_  
Emergency contact and phone #: \_\_\_\_\_  
Siblings attending Day Camp: \_\_\_\_\_  
Church (if different from host Church): \_\_\_\_\_ City: \_\_\_\_\_

## General Health Information

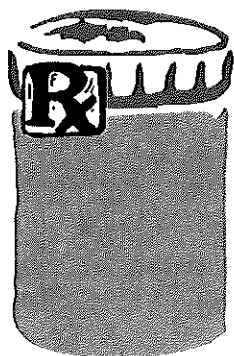
Chronic or recurring illness or medical condition that may affect Day Camp life: \_\_\_\_\_  
Dietary restrictions (i.e. vegetarian, lactose intolerant, food allergies): \_\_\_\_\_  
Other suggestions that may help make your day camper's week more comfortable and enjoyable: \_\_\_\_\_  
Medications (please list kinds and dosage): \_\_\_\_\_

## Insurance Information

Insurance company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Holder's name: \_\_\_\_\_  
Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Immunizations (circle Yes or No)

DPT (series of 3)	Yes or No
Polio immunization	Yes or No
MMR (Measles/Mumps/Rubella)	Yes or No
Date of last tetanus	_____



## Permission

\*\*I give my permission for my child to participate in all aspects of the Day Camp except as noted. \*\*I understand that every effort will be made to contact me if my child needs emergency medical treatment. \*\*I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. \*\*I give permission for any picture taken of my child to be used for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Fjeldberg/Palestine Lutheran Church Daycamp Registration Form.

(Daycamp is for kids entering 1<sup>st</sup> – 6<sup>th</sup> grades in the fall of 2015. A preschool/kindergarten session will be held from 9 a.m. to 11 a.m.)

- ☐ I am registering my child for the 9-11 preschool/kindergarten session. I understand they must be at least age 4 by September 15<sup>th</sup>, 2015 and potty trained. I also understand preschool/kindergarten registrations will be limited to the first 20 children registered to ensure adequate supervision of the preschool/kindergarten classes.
- ☐ Yes, I need assistance with daycamp transportation to and/or from Fjeldberg Lutheran Church. Daycamp is from 9 a.m. to 2 p.m., Monday – Thursday. The preschool/kindergarten session runs from 9 a.m. to 11 a.m.

Picked up at: \_\_\_\_\_

Dropped off at: \_\_\_\_\_

These days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

### AUTHORIZED CHECK OUT PERSONS (PRINT CLEARLY)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Preferred Phone Number

### AUORIZATION STATEMENT:

I give my permission for the above authorized people to check my child(ren) in and out of the daycamp program. I authorize the transport of my child(ren) by personal vans to and from the above authorized pick up and drop off locations. I understand that if I specify that there will be no adult to check my child(ren) in or out at the authorized location that I assume responsibility for my child(ren) upon their successful drop-off at the location and will not hold Riverside Bible Camp, Palestine Lutheran Church, or Fjeldberg Lutheran Church responsible. I understand that I am responsible to provide a carseat for any child under 5 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ **Daycamp payment.** Costs include all the meals and supplies for your child for the week.
- ☐ \$20/child with a maximum of \$50/family **PRIOR** to May 20, 2015
- ☐ \$30/child with a maximum of \$70/family **AFTER** May 20, 2015 or at the door

Questions? Contact Fjeldberg Lutheran Church at 515-597-2831 or Palestine Lutheran Church at 515-597-2620. Please send your completed registration forms and payment to either church. Fjeldberg Lutheran Church, 209 N. 2<sup>nd</sup> Ave., Huxley, IA 50124 or Palestine Lutheran Church, 1375 Highway 210, Huxley, IA 50124.