

REDEEMER LUTHERAN SCHOOL
SUMMER CAMP REGISTRATION 2017 – One per Student

Camper's Name: _____ Grade (17/18 School Year): _____

Camper's Age: _____ Camper's Birthdate: _____

Address: _____

Current School: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Does your child have any activity restrictions? Yes No If yes, please list specific limitations:

EMERGENCY CONTACT INFORMATION

Alternate contact information in the event you cannot be reached using the above information, note if also able to transport your child to and from camp.

Name (Y/N)	Relationship	Phone Number	Pick-UP
_____	_____	_____	_____
_____	_____	_____	_____

Redeemer Lutheran School Summer Camp

EMERGENCY MEDICAL INFORMATION:

Does your child have any allergies? Yes No If yes, list them specifically:

Is your child taking medication? Yes No If yes, please list the type of medication and purpose:

Does your child have other medical or behavioral conditions that camp staff must know about? Withholding information regarding medical or behavioral diagnosis will result in immediate expulsion from camp.

Yes No If yes, please list (note: **camp staff does not have special education or medical training**)

Redeemer Lutheran School has permission to render necessary medical care in the event of an emergency during the camp day, this could include first aid and/or emergency transportation to a hospital or clinic.

Yes No

Physician's Name: _____ Phone Number:

*Our staff is not permitted to dispense medication. Please make arrangements accordingly.

Photography Agreement:

My child/children's photograph and work can be published on the Internet at Redeemer's website.

Yes / No

A photograph including my child/children may be included in the school's printed publication. Yes / No

My child/children's photograph can be published in the local newspaper. Yes / No

My child/children's photograph may be published on social media (including, but not limited to, RLS Facebook, RLS website, YouTube). Yes / No

Redeemer Lutheran School Summer Camp

Deposit Fee: \$25 Non Refundable Deposit required for each camp. Payment must accompany registration form. Checks made payable to Redeemer Lutheran School

Camp Tuition: Deposit is deducted, full tuition must be paid by the first day of each week of camp.
***Sibling discounts are for RLS families only.**

	First child	Second child	Third child	Fourth child
Partial day/week	\$100	\$95	\$90	\$90
Full day/week	\$150	\$140	\$135	\$135

ATTEND AT LEAST 6 CAMPS AND GET WEEK 3 FREE--

(discount will be taken off of the final week of camp – camps account must be current)

Please mark the camps that will be attended:

Week 1 / VBS – June 19-23

_____ Full Day at Oakmont campus

*No partial day camp this week

Week 5 – July 17-21: STEAM

_____ Full Day

_____ Partial Day (9 am – 2 pm)

Week 2 – June 26-30: Sports

_____ Full Day

_____ Partial Day (9 am – 2 pm)

Week 6 – July 24-28: Music

_____ Full Day

_____ Partial Day (9 am – 2 pm)

Week 3 – July 5-7 (short week due to holiday)

_____ Full Day - \$90

_____ Partial Day (9 am – 2 pm) - \$60

Week 7 – July 31-August 4: World Traveler

_____ Full Day

_____ Partial Day (9 am – 2 pm)

Week 4 – July 10-14: Arts & Drama

_____ Full Day

_____ Partial Day (9 am – 2 pm)

Week 8 – August 7-11: Water

_____ Full Day

_____ Partial Day (9 am – 2 pm)