

**Spirit of Christ Community Lutheran Church  
Registration and Information  
August 23 – 26  
9:00 a.m. – 3:00 p.m.  
Ages 5 - 12**

**Please complete and return to the Church Office.  
Space is limited to 25 children.**

A. Name of Camper \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

B. Parent or Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone: \_\_\_\_\_

Daytime phone number of parent/guardian \_\_\_\_\_  
(In case of emergency)

Other Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

C. Spirit of Christ Community Lutheran Day Camp is open to all, regardless of race, color, sex, religion, national origin, age or handicap.

D. Name of other persons authorized to pick up above child. \_\_\_\_\_

**Parent or guardian MUST sign.**

"I give permission for my child to attend Spirit of Christ Community Lutheran Day Camp activities, to take part in the normal program activities, and I authorize Spirit of Christ Community to secure a doctor to provide any necessary Emergency Medical Care."

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

My child will attend Spirit of Christ Day Camp on the following days:

\_\_\_\_\_ August 23      T-shirt size \_\_\_\_\_

\_\_\_\_\_ August 24

\_\_\_\_\_ August 25

\_\_\_\_\_ August 26

*Each day will have a different theme and different field trip destination. You need to bring a **bag lunch and sunscreen** and be ready for a great day. We will be exploring parks, playgrounds, museums and the wonders of God's World. A full day is planned that will include a field trip, crafts, singing and organized games. The church will provide snack and beverages. Suggested donation of \$25.00/week per participant. Registration limit: 25. Financial assistance is available.*

Please complete and return with registration. A child may not participate without a health form on record.

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State Law requires this form.

### Health Form

**A. Name of Camper** \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**B. Parent or Guardian's Name** \_\_\_\_\_

Home phone number: \_\_\_\_\_

Daytime phone number of parent/guardian \_\_\_\_\_  
(In case of emergency)

Other Emergency Contact Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Health History: Check and give approximate dates

Diabetes \_\_\_\_\_ Ear Infections \_\_\_\_\_  
Seizures \_\_\_\_\_ Asthma \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Allergies (please list) \_\_\_\_\_

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Operations or serious injuries (dates of ) \_\_\_\_\_

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Chronic or Recurring Illness \_\_\_\_\_

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Medications brought to camp \_\_\_\_\_

Immunization History

Please note the date of the most recent booster doses.

DPT \_\_\_\_\_ Rubella \_\_\_\_\_ Polio OPV \_\_\_\_\_  
Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Tetanus booster \_\_\_\_\_

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