

VACATION BIBLE CAMP REGISTRATION 2010

First Lutheran Church 403-242-4544

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|--|---|
| Monday – Friday 9:30 – 12:30 <input type="checkbox"/> July 19-23 OR <input type="checkbox"/> August 23-27 (please check one) | Camp Fee \$60 per child AGES 4yr to grade 4 |
|--|---|



Parent's Names: _____

Home Phone #: _____

Email: _____

Address: _____

Postal Code _____

Children registered at least 7 days in advance will receive a t-shirt

Child's Name: _____

Grade entering: _____ Age: _____ Date of Birth: _____

Allergies/Medical/Learning Concerns: _____

| | |
|-----------------------------------|-------------------------------------|
| T-shirt Size | |
| <input type="checkbox"/> 2/4(xs) | <input type="checkbox"/> 6/8 (sm) |
| <input type="checkbox"/> 10/12(m) | <input type="checkbox"/> 14/16 (lg) |

Child's Name: _____

Grade entering: _____ Age: _____ Date of Birth: _____

Allergies/Medical/Learning Concerns: _____

| | |
|-----------------------------------|-------------------------------------|
| T-shirt Size | |
| <input type="checkbox"/> 2/4(xs) | <input type="checkbox"/> 6/8 (sm) |
| <input type="checkbox"/> 10/12(m) | <input type="checkbox"/> 14/16 (lg) |

Child's Name: _____

Grade entering: _____ Age: _____ Date of Birth: _____

Allergies/Medical/Learning Concerns: _____

| | |
|-----------------------------------|-------------------------------------|
| T-shirt Size | |
| <input type="checkbox"/> 2/4(xs) | <input type="checkbox"/> 6/8 (sm) |
| <input type="checkbox"/> 10/12(m) | <input type="checkbox"/> 14/16 (lg) |

Emergency Name and Phone Number during camp: _____

Pick up or Drop off person other than Parent: _____

I am interested in volunteering during camp:

Name: _____

| | | | | |
|---|---|-------------------------------|----------------|--|
| Office Use Only (taxable receipt given for designated donation) | | | | |
| Registration Fee | <input type="checkbox"/> \$25 per child: x _____ # of children | Total: | | |
| Suggested Donation | <input type="checkbox"/> \$35 per child: x _____ # of children | Total: | | |
| Payment Method | Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C.Card <input type="checkbox"/> | Paid <input type="checkbox"/> | Staff Initial: | |

Your email address will not be shared with anyone. It will be used solely for the purposes of communicating regarding Children and Family opportunities at First Lutheran Church.