

– SUMMER PROGRAM REGISTRATION

Daycamp *Registration.*

Please print clearly in blue or black ink. Complete one form per family and return to the LCA office with payment. The Daycamp Initial Form and Credit Card Information Form are required in addition to this registration.

DATE SUBMITTED _____

Check the box for each week your camper(s) will attend. Weeks begin on Monday.

1st Session – June

- Week of June 1
- Week of June 8
- Week of June 15
- Week of June 22

2nd Session – July

- Week of July 6
- Week of July 13
- Week of July 20
- Week of July 27

Camper Information

<p>CHILD'S FULL NAME</p> <p>1. _____</p>	<p>AGE</p> <p>_____</p>	<p>SEX</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>BIRTHDATE (MM/DD/YYYY)</p> <p>_____</p>
<p>CHILD'S FULL NAME</p> <p>2. _____</p>	<p>AGE</p> <p>_____</p>	<p>SEX</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>BIRTHDATE (MM/DD/YYYY)</p> <p>_____</p>
<p>CHILD'S FULL NAME</p> <p>3. _____</p>	<p>AGE</p> <p>_____</p>	<p>SEX</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>BIRTHDATE (MM/DD/YYYY)</p> <p>_____</p>

Household Address & Contact

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ EMAIL ADDRESS _____

Parents & Guardians

Note: Work numbers are required so we can reach you in case of emergency.

Father / Guardian

FULL NAME

EMPLOYER

WORK PHONE

CELL PHONE

Mother / Guardian

FULL NAME

EMPLOYER

WORK PHONE

CELL PHONE

Authorized Pick-Up & Emergency Contact

AUTHORIZED PICK-UP PERSON #1 (NAME & RELATIONSHIP)

AUTHORIZED PICK-UP PERSON #2 (NAME & RELATIONSHIP)

Emergency Contact: A responsible adult to be contacted if a parent cannot be reached.

EMERGENCY CONTACT NAME

PHONE

CELL PHONE

Medical Information

PHYSICIAN NAME

PHONE

PHYSICAL IMPAIRMENTS / ALLERGIES / CONDITIONS

CURRENT MEDICATIONS

– RELEASE, SIGNATURE & OFFICE USE

Authorization & *Agreement.*

Please read carefully, complete the inline fields in the release, then sign and date below.

– MEDICAL EMERGENCY RELEASE & AGREEMENT

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Life Christian Daycamp to transport the child(ren) listed above to St. Anthony's Emergency or the nearest medical facility, and/or to call our family physician, Dr. _____, at (405) _____.

It is my understanding that the policy of the Daycamp is to make no refunds. I give Life Christian Daycamp my permission for my child(ren) to take part in all camp activities, including bus trips, sports activities, and camp-sponsored trips away from the camp premises. I also believe that discipline is necessary for the welfare of each camper, as well as for the entire camp. I give permission for my child's teacher and/or other agent of the camp to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in Scripture. I further agree to hold the camp and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the camp or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Life Christian Daycamp, I agree to pay the legal expenses and any other costs that Life Christian Daycamp or its agent should incur to defend itself against such action. This statement of cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Life Christian Daycamp.

PARENT / GUARDIAN SIGNATURE

DATE

– FINANCE OFFICE USE ONLY

DATE RECEIVED	REGISTRATION AMOUNT \$	PAYMENT FORM
_____	_____	_____
FIRST CAMP DEPOSIT \$	TOTAL PAYMENT \$	CHECK / RECEIPT #
_____	_____	_____

FORMS RECEIVED

- Registration Form
 Initial Form
 Credit Card Information Form