

Lindenwood Life Center Summer Camp

Entering 1st-8th grade

Last Name: _____

Year: 2018

Payer's Information (The person/people who will be paying on the account)

Primary:

Name: _____ Relation to child(ren): _____ DOB: _____

Sex: _____ Driver's License #: _____ Email Address: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Cell Phone Carrier _____
(Used to send text messages for important information)

Place of Employment: _____ Work Hours: _____ Work Address: _____ Work Phone #: _____

Please mark all that apply to you.

Lives with Child _____ Emergency Contact _____ Authorized to Pick-up _____

Secondary:

Name: _____ Relation to child(ren): _____ DOB: _____

Sex: _____ Driver's License #: _____ Email Address: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Cell Phone Carrier _____
(Used to send text messages for important information)

Place of Employment: _____ Work Hours: _____ Work Address: _____ Work Phone #: _____

Please mark all that apply to you.

Lives with Child _____ Emergency Contact _____ Authorized to Pick-up _____

Emergency Contact Information (Emergency contacts are people that are to be contacted in case of emergency if we cannot reach the parent.)* Please indicate whether the emergency contact is allowed to pick-up.

Name:	Address:	Phone:	Relationship:	Pick-up?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pick-Up Information (People other than payer's authorized to pick up.)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

*** Please call in advance if someone other than those listed above will be picking up.

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Student Camp Information:

First Child:

Student's Name _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child (ren) that you feel we should be aware of.

Second Child:

Student's Name _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child (ren) that you feel we should be aware of.

Third Child:

Student's Name _____ Date of Birth: _____

Sex: M F Grade (upcoming Fall): _____ School: _____

List any known allergies to food, medicine, etc. _____

Also list any medical or non-medical conditions that would assist the staff in caring for your child.

Please list any information concerning your child (ren) that you feel we should be aware of.

Medical Contact Information

Pediatrician's Name _____ Office # _____

Hospital of Choice _____

Insurance _____ Policy/Group # _____

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Release forms – please read and sign each section

HOSPITAL RELEASE

Please be advised and aware that there are inherent risks involved both directly and/or indirectly related to the day camp program and its physical sports, trips and other activities. In case of injury or illness to my child, I authorize a camp representative to transfer my child to a hospital or other emergency medical facility for treatment. The safety of the campers is the priority of the day camp staff. Every attempt to contact a parent or guardian will be made. I accept responsibility for all costs involved in the transport and treatment of my child.

In the event of injury, I grant permission to take my child(ren) listed below for medical treatment.

I have read, understand, and agree with the terms of this release.

Parent/Guardian Signature _____ Date _____

SWIMMING PERMISSION

I hereby give my child(ren) permission to participate in swimming at locations chosen by the Life Center

I am aware of the dangers and risks involved in participating in swimming. I understand that the day camp staff including lifeguards will be on duty at the pool site. I have read, understand, and agree with the terms of this permission.

Parent/Guardian Signature _____ Date _____

TRIP PERMISSION

I hereby give my child(ren) permission to participate in camp day trips.

The child will leave from and return to the camp site. I have read, understand, and agree with the terms of this permission.

Parent/Guardian Signature _____ Date _____

PHOTO/VIDEO CONSENT

I hereby consent to allow my child(ren) to be videotape/photograph and use such videotape/photographs for publication/broadcast/website/Facebook. I waive any claim I might have against Lindenwood arising from the use of such videotape/photographs. I understand that such information could subsequently be used by other media or programs.

Parent/Guardian Signature _____ Date _____

LINDENWOOD INSURANCE POLICY

The parent/guardian acknowledges and accepts the risks of physical injury associated with participation in activities and field trips. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during any activity, event, or program. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian Signature _____ Date _____

PARENT HANDBOOK CONFIRMATION

I affirm that I have read and accept the guidelines and requirements of the Summer Camp Handbook. Need a Handbook? Please ask for a copy at the Life Center front desk or go to www.327lifecenter.com

Parent/Guardian Signature _____ Date _____

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PAYMENT SECTION

REGISTRATION

REGULAR: Registration Fee(s) \$50 per child (\$100 maximum family limit) \$ _____

TUITION

REGULAR: **Full Weeks- June 4-8, 11-15, 18-22, 25-29, July 9-13, 16-20, 23-27**
Fees-\$120 for the 1st child and \$100 each additional child..... Paid Weekly

REGULAR: **Partial Weeks- May 29-June 1, July 2-6 (closed the 4th), & July 30th-August 2nd**
Fees-\$100 for the first child and \$80 for each additional child
OR \$35 per day for the first child and \$30 each additional child..... Paid Weekly

REGULAR: **Fridays only (all grades) ~ \$35 per child – no second child discount.....** Paid Daily

CAMP SHIRTS

REGULAR: Camp T-Shirts are \$12 for the first and \$9 for each additional.....\$ _____

Size (fill in quantity) _____ Youth Small _____ Youth Med _____ Youth Large
_____ Adult Small _____ Adult Med. _____ Adult Large _____ Adult X-Large

FIELD TRIPS

REGULAR: FT's for K-1 (Wednesdays – variety of educational and fun activities) \$10 each.....Paid weekly

REGULAR: FT's for 2nd – 8th (Tuesdays & Thursdays) \$10 each or both \$15.....Paid weekly
(2nd-8th grade trips are subject to change based on group numbers)

There are no field trips the weeks of May 29-June 1 or July 2-6

MEALS

REGULAR: Meal Accounts - Daily meal cost is \$5 or weekly for \$20 (5 meals)Paid Weekly

Snack Accounts - Money can be added to your child's concessions account to purchase morning and afternoon snacks.

TOTAL FOR REGISTRATION & CAMP SHIRTS \$ _____

Make checks payable to Lindenwood Christian Church – advance payments are non-refundable.

CAMP TUITION RATES: Tuition is paid on the Monday of each week you attend.

Lindenwood church members (pledging members), as well as, Peabody and Sharpe Elementary Schools (Lindenwood adopted schools) receive a \$10 discount for weekly camp fees—discounts do not apply to camp registration, shirts, meals & snacks, or field trips

My child attends _____Peabody _____Sharpe Elementary _____ Lindenwood Christian Church Member

Weekly Camp Payments are due on Monday for each week your child attends. Indicate on your check the fee(s) you are paying and for which child. Send your payment questions to Kristen Lamer at klamer@lindenwoodcc.org