

Sonshine & Laughter Registration T-shirt Form

Summer camp will be held from June 10th through July 28th. In order to receive our summer camp T-shirts on time for camp, we will need to order them soon. If your child will be attending summer camp this year, please fill out the form and turn it in by **May 1st, 2021**.

Child's Name: _____

Grade entering: _____

Parent's Name _____

Parent's Cell Phone # _____

Email address _____

Please choose your size and quantity.

Child: S M L XL Quantity Needed: _____

Adult: S M L XL XXL-add \$3.00 Quantity Needed: _____

Total Shirts: _____

All orders due Friday, May 1st, 2021

Sonshine & Laughter Registration Form

Camp runs from M-F weekly. Please check off weeks your student will be attending.

Available Weeks

- Week 1 - June 10th & June 11th (fees charged for 2 days)
- Week 2 - June 14th - June 18th
- Week 3 - June 21th- June 25th
- Week 4 - June 28th - July 2nd
- Week 5 - July 6th - July 9th (fees charged for 4 days only)
- Week 6 - July 12th - July 16th
- Week 7 - July 19th - July 23rd
- Week 8 - July 26th - July 28th (fees charged for 3 days only)

LS Students Fee

Non-Members Fee

5 day Program:

5 day Program:

\$185 per Week

\$200.00 per Week

Regular Hours: 7:00 am - 6:00 pm

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+ Any Additional Activity Fees

2 day - Weekly Option - \$100

M T W T F

All payments are due each Monday morning of week in attendance. There will be a \$10.00 late payment fee if tuition is not paid on time.

Student Name _____

Parents Names _____

Grade entering _____

Email address _____ Phone # _____

Registration Fee Paid \$ _____ Date Paid _____

Check # _____ Director's Initials _____

Sonshine & Laughter Weekly On-Campus Activities

More information to follow regarding the weekly activities.

Please check the box next to each activity your camper will attend.

- Week 1 - June 11th - None
- Week 2 - Wednesday, June 16th - Sawdust Factory + \$15 activity fee
- Week 3 - Wednesday, June 23rd - Puppy Party + \$15 activity fee*
- Week 4 - Wednesday, June 30th - TBD*
- Week 5 - Wednesday, July 7th - 4th of July party*
- Week 6 - Wednesday, July 14th - Balloon Artist & Face Paint + \$20 activity fee*
- Week 7 - Wednesday, July 21st - Captain Carl's Mobile Tide Pool + \$20 activity fee
- Week 8 - Wednesday, July 28th - Going Away Luau Party*

LUNCH WILL BE PROVIDED ON ACTIVITY DAYS

Student Name: _____

Grade entering: _____

Parents Name: _____

Email Address: _____

Total WEEKLY ACTIVITIES needed # _____

I would like my student to attend **all** the activities and I have marked the boxes accordingly.

Total WEEKLY ACTIVITIES # _____

Total paid for ACTIVITIES: \$ _____ CHECK #/CC: _____

Form is due June 4th, 2021

GRADE _____ SEX: M F

Sonshine & Laughter Summer Camp Emergency Contact

Name: _____ Birthdate: ____/____/____

Address: _____ Home Phone# _____
Last First Middle

Student Lives With: ___ Mother ___ Father ___ Step-Mother ___ Step-Father ___ Guardian

Mother's Name: _____ Cell Phone# _____

Employer Name: _____ Work Phone# _____

Employer Address: _____ Work Hours: _____

Father's Name: _____ Cell Phone# _____

Employer Name: _____ Work Phone# _____

Employer Address: _____ Work Hours: _____

Child has:

Peanut Allergies: ___ Food Allergies ___ Asthma ___ Diabetes ___ Allergic to Bee Stings ___ Epilepsy/Seizures ___

Heart Trouble ___ Other _____

IN CASE OF ILLNESS OR EMERGENCY, CALL _____ FIRST. Listed below are persons to be called if parents cannot be reached. All persons must be local, have a telephone, and be willing to provide transportation and care for your child.

Name	Address	Phone	Relation

*Signature: Parent/ Guardian _____ Date: _____

FIELD TRIP PERMISSION & WAIVER

I hereby give my permission for my son/daughter, _____

to participate in field trip to and from Loving Savior Lutheran School. I also certify that he/she is in good physical condition and has not had any serious illness or operations, which should preclude participation in this game.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

***CONSENT FOR MEDICAL TREATMENT:** AS THE PARENT, OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO LOVING SAVIOR LUTHERAN SCHOOL, IN CASE OF EMERGENCY, TO CONTACT EMERGENCY MEDICAL PERSONNEL (911) FOR (STUDENT'S Name) _____, THIS CARE WILL BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.