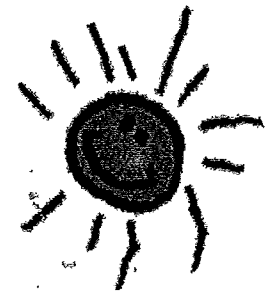


# Christ's Kids Day Camp



## Dates and Fees

June 11, 2018-July 27, 2018

No Camp July 4, 2018

Monday through Friday 8:30 a.m.-3:30 p.m.

(Before care begins at 7:00 a.m. after care until 5:30 p.m.)

**FEES:** \$50 preregistration for each child or \$120 for families of 3 or more

Lunch is included in the following prices:

\$130 (full time/five days a week)

\$ 30(daily rate-Monday thru Thursday)

\$35 (Friday Rate-Field Trips)

\$15.00 (Half Day Rate – No Lunch Served – 11:30)

\$ 4.00/hour charged on a quarter hour basis (extended care)

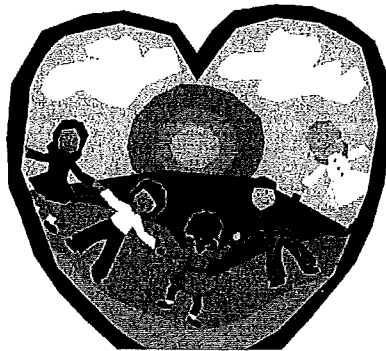
**Registration:** Due no later than May 18, 2018 (\$50.00 registration fee)

**Registration may be mailed to:** Emmaus Lutheran School  
c/o Christ's Kids Day Camp  
8626 Covington Road  
Fort Wayne, Indiana 46804

Or it may be turned into the school office.

### Procedures and Guidelines:

1. Please fill out the registration form. **Fill out one application per child.**
2. Sign and date the registration form.
3. Return with registration fee to Emmaus Lutheran School.
4. A packet of information will be mailed to you before the start of camp. You will **NEED** to register your child for each day they will be at camp. Weekly registration forms will be in this packet.



Christ's Kids Day Camp  
Registration/Application

*Please complete a separate application for each child in the family that will be attending the day camp.*

Name: \_\_\_\_\_ Grade 2018-2019 K 1 2 3 4 5 6

Parents/Guardians: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL

Contact Information:

Contact Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Concerns (Medical, Etc.):

\_\_\_\_\_

**Release and Waiver of Liability**

I, the undersigned, would like my child to participate in this, the above named program and believe my child is physically able to participate in all activities. I understand that there are risks of injury during physical activities, and I assume these risks by allowing my child to participate. I agree for myself, and on behalf of my children, that Emmaus Lutheran and/or its employees are released from any and all liability for any injury to my child, unless such injury to my child is caused to be willful or wanton misconduct by Emmaus Lutheran and/or its employees. I understand that the legal effect of this release is to enable Emmaus Lutheran and/or its employees to avoid any lawsuit for injuries to my child, except as provided above.

I have carefully read and understand this agreement.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

CUSTODIAL PARENT OR LEGAL GAURDIAN; Please complete this from and return it to school at the time of registration. This form will be kept in the office/clinic. Information may be shared with other staff when necessary to maintain the safety of the student.

STUDENT \_\_\_\_\_ SS# \_\_\_\_\_ Grade \_\_\_\_\_  
Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Legal Guardian(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

DOES YOUR CHILD HAVE:

ALLERGIES (if yes, explain):

Does your child require the use of an Epi-Pen for allergic reactions? \_\_\_\_\_

ASTHMA ( ) allergy induced ( ) activity induced ( ) exercise induced ( ) other

What controls the attack best? \_\_\_\_\_

DIABETES Has had since age \_\_\_\_\_ Controlled by ( ) diet only ( ) insulin ( ) Insulin Pump

Additional diabetic information \_\_\_\_\_

EPILEPSY (list type) \_\_\_\_\_ Controlled by ( ) medication ( ) other \_\_\_\_\_

How often does student have seizures? \_\_\_\_\_ list known triggers \_\_\_\_\_

Please list any other medical problems or health concerns with any special instructions:

Medication taken on a regular basis and condition being treated:

IN CASE OF ILLNESS OR EMERGENCY AT SCHOOL:

I understand that every effort will be make to contact the custodial parent or legal guardian. When this fails, the following person(s) will be contacted to speak on behalf of the student with the same authority as the parent. When no designated contact can be reached, or a serious medical emergency exists (requiring medical treatment beyond what can be provided at school to maintain safety and/or life, the student will be transported by EMS to the emergency room of \_\_\_\_\_ Hospital.

STUDENT'S DOCTOR \_\_\_\_\_ OFFICE PHONE # \_\_\_\_\_

#1 NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

#2 NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

#3 NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

SIGNATURE OF PARENT/GAURDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_