



# 2020 Registration Form

(Trinity students Grades Tiger Tots-5th---ALL other students Grades Kindergarten-5th)

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Current School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First \_\_\_\_\_

Father's Work#: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First \_\_\_\_\_

Mother's Work#: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Individuals to be notified other than parents in case of illness or accident, and others permitted to pickup child...

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Telephone \_\_\_\_\_ Allergies \_\_\_\_\_



**For Grades 1st-5th ONLY** --- Can Your Child Swim? Y or N Level \_\_\_\_\_

**PARENTAL CONSENT:** I give my permission for my child to be treated at the nearest hospital in the event of an emergency, in the event that the parent/guardian or individuals listed above cannot be reached. I give my child permission to participate in activities and will not hold responsible Trinity Lutheran Church and School, the staff, or licensed adult supervising my child, in the event of an unforeseen accident.



Parent/Guardian \_\_\_\_\_

## SUNFUN ADVENTURE CAMP FEE SCHEDULE

**Camp Fee Hours:** 8:00am-3:30pm-- \$180.00 (1<sup>st</sup> child), \$170.00 (2<sup>nd</sup> child), \$160.00 (3<sup>rd</sup> child)

**Camp Fees Hours w/After Care:** 8:00am-5:30pm-- \$200.00 (1<sup>st</sup> child), \$190.00 (2<sup>nd</sup> child), \$180.00 (3<sup>rd</sup> child)



**Camp is a weekly rate only! Lunch and all activities are included!!**

*To reserve your child's spot, select the weeks you are planning to attend and pay a minimum of one week's tuition to secure/reserve enrollment.*

*Please note the payment made in good faith will be applied to the last week in which your child is enrolled. All tuition is therefore due on the first day of each week attending.*

*Deposit and Tuition are **NON REFUNDABLE**.*

*If you do not show up for a week registered, your deposit will be forfeited.*

**Please indicate which week(s) you wish to enroll your child/ children:**

- Week #1 6/8-6/12
- Week #2 6/15-6/19
- Week #3 6/22-6/26
- Week #4 6/29-7/3 (please note we are closed 7/3 in observance of Independence Day)
- Week #5 7/6-7/10
- Week #6 7/13-7/17
- Week #7 7/20-7/24
- Week #8 7/27-7/31



Parent/ Guardian \_\_\_\_\_

Office use only: Age Group \_\_\_\_\_

Date/Amount Paid \_\_\_\_\_

- Cash
- Check