



St. Stephens Lutheran School
 2304 Springs Road
 Hickory NC 28601
 828 256-2166

St. Stephens Lutheran School K-5 Summer Camp

REGISTRATION FORM

*Registration fee of \$50.00 due at time of registration

Child's Personal Information

Last Name		First Name		Middle Name	
Birth Date (M/D/Y)			Age		
Address					
Doctor's Name		Doctor's Phone		Does your child have an Allergy? (If YES, please specify)	
Dentist's Name		Dentist's Phone		Yes or No?	
Is your child taking any medications? (If YES, please specify)					
Yes or No?					
Insurance Carrier			Policy Number		

Parent/Guardian

Mother's Full Name					
Street Name & Number				City	
Home Phone		Cell Phone		Work Number	
Father's Full Name					
Street Name & Number				City	
Home Phone		Cell Phone		Work Number	
Zip					

Emergency Contacts and Information (In case you cannot be reached)

Primary Emergency Contact's Name		Home Phone	Cell Phone	Work Number
Secondary Emergency Contact's Name		Home Phone	Cell Phone	Work Number

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

Please Choose one: Frye _____ or Catawba Memorial _____

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian _____

Date _____



St. Stephens Lutheran School
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St. Stephens Lutheran School K-6 Summer Camp

Liability Release

I, the undersigned parent or legal guardian, release SSLS, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal articles while on the premises or participating in any activity sponsored by SSLS. I also permit SSLS to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Field Trip & Transportation Permission

I hereby give permission for my child to be picked up from camp location in a school bus and transported to the field trip location and returned to the camp location.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)



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St. Stephens Lutheran School K-6 Summer Camp

2019

Program Cost

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3 Days

5 Days

\$85.00 per week

\$115.00 per week

Your child will need to bring a packed lunch each day. Each Friday, pizza will be delivered at the cost of \$5.00 per child. This may be paid weekly or all at one time. (Friday pizza is optional)

Please check days you will be attending.

	3 Day	5 Day
May 28-May 31		
June 3-June 7		
June 10-June 14		
June 17-June 21		
June 24-June 28		
<u>CLOSED July 1-5</u>		
July 8-July 12		
July 15-July 19		
July 22-July 26		
July 29-August 2		

If you choose less than 5 days and choose days with field trips, you must pay one week in advance. No refunds available (except for inclement weather).

Field trips are still being scheduled. A daily schedule will be available soon.