

For office use:  
Registration date \_\_\_\_\_

First day of attendance \_\_\_\_\_



**Lambs of Christ  
Learning Center**

## 2024 Summer Camp Registration

**June 17<sup>th</sup> – August 23<sup>rd</sup>**

Child's name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/20\_\_\_\_

Parent/guardian name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

➔ **Camp hours are 8:30-11:30am.** Minimum attendance is two days per week. Check the days that your child will attend camp:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

➔ **Extended care** is available 6:30-8:30am and 11:30am-5:30pm. Indicate days and hours that care is needed:

Days	Drop Off Time	Pick Up Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

➔ **Select at least eight weeks** that your child will attend:

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> June 17-21 | <input type="checkbox"/> July 1-3         | <input type="checkbox"/> August 5-9   |
| <input type="checkbox"/> June 24-28 | <input type="checkbox"/> July 8-12        | <input type="checkbox"/> August 12-16 |
|                                     | <input type="checkbox"/> July 15-19       | <input type="checkbox"/> August 19-23 |
|                                     | <input type="checkbox"/> July 22-26       |                                       |
|                                     | <input type="checkbox"/> July 29-August 2 |                                       |

➔ Summer Camp registration is confirmed when a \$50.00 payment (one registration fee per family) and this signed form have been submitted.

➔ Families are assessed and billed tuition and hourly care fees for the days and times indicated on this registration form. A two-week written notice is required to change the schedule.

➔ Registration for weeks in June must be submitted by June 3, 2024.

➔ Parents of registered children will be contacted to provide health forms, payment information, and other necessary documentation required for camp and childcare participants.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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### PERSONAL INFORMATION

Name (first & last) \_\_\_\_\_ Nickname \_\_\_\_\_

Please list your child's siblings:

Child's name: \_\_\_\_\_ Age: \_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_ Male/Female

Family religion: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Is your child baptized? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about Lambs of Christ/did anyone refer you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date