

For office use:
Registration date _____

First day of attendance _____



**Lambs of Christ
Learning Center**

2023 Summer Camp Registration June 19 - August 25

Child's name: _____ Date of birth ____/____/20____

Parent/guardian name: _____

Email address: _____

Telephone number (____) _____ - _____

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

Monday Tuesday Wednesday Thursday Friday

→ **Wraparound care** is available 6:30-8:30 am and 11:30 am – 5:30 pm. 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 five weeks** that your child will attend:

- | | | |
|---|---|--|
| <input type="checkbox"/> June 19-23 | <input type="checkbox"/> July 10-14 | <input type="checkbox"/> August 7 -11 |
| <input type="checkbox"/> June 26-30 | <input type="checkbox"/> July 17-21* | <input type="checkbox"/> August 14-18 |
| <input type="checkbox"/> July 5, 6, & 7 | <input type="checkbox"/> July 24-28 | <input type="checkbox"/> August 21 -25 |
| | <input type="checkbox"/> July 31 – August 4 | |

*Vacation Bible School (VBS) is held July 17-20 for ages 3 and older. Those who attend VBS are not charged camp tuition (8:30-11:30 am) for days that they attend VBS.

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

→ Families are assessed 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 5, 2023.

→ 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

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