

For office use:
Registration date _____

First day of attendance _____



**Lambs of Christ
Learning Center**

2025 Summer Camp Registration

June 16th – August 22nd

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

Parent/guardian name: _____

Email address: _____

Telephone Number: (_____) _____ - _____

➔ **Camp hours are 8:30-11:30am. (Infant Room operates on a full day schedule, 10 hours max.)** 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. (Infant Room operates on a full day schedule, 10 hours max.) 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 16-20 | <input type="checkbox"/> June 30-July 3 | <input type="checkbox"/> August 4-8 |
| <input type="checkbox"/> June 23-27 | <input type="checkbox"/> July 7-11 | <input type="checkbox"/> August 11-15 |
| | <input type="checkbox"/> July 14-18 | <input type="checkbox"/> August 18-22 |
| | <input type="checkbox"/> July 21-25 | |
| | <input type="checkbox"/> July 28-August 1 | |

➔ 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 2, 2025.

➔ 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