



**CALVARY LUTHERAN
SUMMER CAMPS (PS-5th grade)
REGISTRATION FORM—2019**

Office Use Only

Date received:

Deposit Pd:

Check #:

Student's Name _____ Today's Date: _____

Preferred Name _____ Sex: m _____ f _____

Current Age _____ Date of Birth _____ Grade fall of 2019 _____

Child's Primary Residence? Both parents _____ Dad _____ Mom _____ Other _____

Parent (guardian) Name _____

Address _____

Home Phone _____ Best E-Mail _____

Cell Phone _____ Work Phone _____

Parent Name _____

Address or Same as above _____

Home Phone _____ Best E-Mail _____

Cell Phone _____ Work Phone _____

Options

PLEASE CHECK THE 2 WEEK CAMPS YOU ARE INTERESTED IN: (Please see brochure for more information)

_____ **June 3—14**

_____ **June 17—28 (includes Vacation Bible School; June 24—28 8:30 a.m.--noon)**

_____ **July 1—12 (Closed July 4 & 5)**

_____ **July 15—26**

_____ **July 29—Aug. 9**

_____ **Aug. 12-23**

NO CAMP August 26—30 to prepare for new preschool year.

- ❖ Parents may request use of the camps for a set schedule of days per camp (i.e. Monday/Wednesday or T/W/Th, etc.). If you want extra days or want to change days, we will need **48 hours notice** to check space availability
- ❖ If you are looking at occasional usage, we will require **48 hours notice** to check space availability.

❖ **OVER**

PLEASE READ AND SIGN THE FOLLOWING:

I understand that:

- ❖ A **non-refundable** registration deposit of **\$50** is required and **is credited** on my first bill.
- ❖ **Payment is due when billed.**

Parent/Guardian Signature _____ Date _____

- ❖ **PRIORITY IS GIVEN ACCORDING TO THE DATE WE RECEIVE THIS FORM AND THE REGISTRATION DEPOSIT.**

Notes:

Please return this form to: Calvary Lutheran Church, 2508 Washington Ave. SE, Bemidji, MN 56601

Calvary Lutheran Church programming admits students of any race, color and national or ethnic origin.