

HOLY TRINITY LUTHERAN SCHOOL CAMP BOOMERANG 2018

ENROLLMENT FORM

June 4th - July 13th (5 week session)
Camp will not be in session the week of July 4th

Hours: 9:00 a.m. - 2:30 p.m.

I wish to enroll my child in:

Sessions:

#1 June 4-8____ #3 June 18-22____
#2 June 11-15____ #4 June 25-29 ____ #5 July 9-13____

_____ My child will attend aftercare. Child's Grade in school (just completed) _____

Child's Birth date: _____

Please fill out COMPLETELY.

Child's full name: _____ Today's Date _____

Name Child goes by: _____ Gender: M F

Names and relationship of persons with whom the child lives:

Address: _____

Home Phone: _____

Mother's Place of Employment: _____

Business, cellular and pager numbers: _____

Father's Place of Employment: _____

Business, cellular and pager numbers: _____

Email address: _____

Brothers and sisters (name and ages):

Has child been enrolled in any HTLS programs? ___ Yes ___ No

Church membership: Holy Trinity Lutheran Church ___ Yes ___ No

Does child have a current immunization record on file? ___ Yes ___ No If not, please provide a copy.

Please list any allergies _____

A deposit of \$65.00 (per session) must accompany this enrollment form for it to be valid.
No exceptions.

**BALANCE WILL BE DUE THE FIRST DAY OF CAMP SESSION
YOUR CHILD IS ENROLLED IN.**

**AFTER CAMP CARE MUST BE PREPAID OR YOU CHILD
WILL NOT BE ALLOWED TO STAY.**