

Holy Trinity Lutheran School
Enrollment Form

Camp Boomerang 2019

June 3rd - July 12th (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 3-7 _____ #3 June 17-21 _____
#2 June 10-14 _____ #4 June 24-28 _____ #5 July 8-12 _____

_____ 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: _____ Sex: M F

Names and Relationship of Persons with Whom the Child Lives:

Address: _____

Home Phone: _____

Mother's Place of Employment: _____

Business and Cell Numbers: _____

Father's Place of Employment: _____

Business and Cell Numbers: _____

Email Address: _____

Brothers and Sisters (Name and Ages):

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

Church member of Holy Trinity Lutheran Church ___ Yes ___ No

Does your child have a current immunization record on file? ___ Yes ___ No

If not, please provide a copy.

Please list any allergies _____

A deposit of \$70.00 (per session) must accompany this enrollment form for it to be valid. No exceptions. Balance will be due the first day of the camp session your child is enrolled in.

After camp care must be prepaid or you child will not be allowed to stay.

Art Camps (\$10) and Air and Space Camp (\$20) have supply fees. Supply fees are due on the 1st day of camp.

PLEASE FILL OUT THE BACK OF THIS FORM!!

EMERGENCY AUTHORIZATION AND CONSENT: I/We the undersigned parent(s) or legal guardian of the minor(s) listed:

Minor's name _____

Minor's name _____

Minor's name _____

do hereby give authorization/consent for medical treatment. In the event my child becomes ill or injured at Holy Trinity Lutheran Church, or during a Holy Trinity Lutheran School related activity or field trip, Holy Trinity Lutheran School is authorized to take one or more of the following actions; a) provide first aid; In the event I cannot be reached, b) release my child to the person listed below, c) take my child to the physician or call the physician indicated, or d) take my child to a hospital and/or give consent for emergency care.

Emergency contact:

Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Doctor _____ Office Address _____ Phone _____

Please indicate any significant health history that requires special attention _____

PLEASE LIST ALLERGIES: _____

RELEASE OF LIABILITY: I hereby certify my child(ren) is/are in good health and may participate in all activities. I acknowledge that camp activities involve inherent risk of physical injury and assume all risks. I hereby release Holy Trinity Lutheran Church and School, their staff, students or volunteers of an and all claims, demands, rights and causes of action, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

PUBLIC RELATIONS RELEASE: I hereby permit Holy Trinity Lutheran School to use, in whole or in part, photographs, videos, written extractions and voice recordings of my child(ren) for the purpose of illustrations, publications and media relations.

AUTHORIZED TO PICK UP: List people, other than parents and emergency contacts, authorized to pick your child(ren) up:

1. Name _____ Relationship _____ Work# _____ Cell _____

2. Name _____ Relationship _____ Work# _____ Cell _____

Please check the boxes below if any of these statements are true and explain on a separate page. This student has:

- Exhibited learning disabilities
- Been diagnosed as learning disabled
- Been tested for a learning disability
- Physical handicaps
- Been under medication
- Physical difficulties
- Emotional difficulties

DECLARATION: I affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application. I also understand that I may be asked to provide additional written information if necessary.

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Holy Trinity Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.