



# Zion Lutheran Summer Camp Registration Form 2020

All forms must be returned by May 14, 2020 to:

Zion Lutheran School Attn: Tonya Barber 1012 12th Ave Rd, Nampa, Id 83686

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

***Please select the weeks your child will attend.***

☐ **Week 1 -** June 1-5 Around the World in 80 Days

☐ **Week 2 -** June 8-12 Mad Scientist

☐ **Week 3 -** June 15-19 Emergency Services

☐ **Week 4 -** June 22-26 Davinci

☐ **Week 5 -** June 29- July 3 Patriotic

☐ **Week 6 -** July 6-10 Higher Things

☐ **Week 7 -** July 13-17 Inventor's Workshop

☐ **Week 8 -** July 20-24 Fun and Fitness

☐ **Week 9-** July 27-31 Barnyard Fun

☐ **Week 10-** Aug 3-7 All Ball

Weekly themes are subject to change.

# **Summer Camp Hours:**

## **7:30am - 5:30pm**

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### **Summer Camp Fees (per child)**

- Non-Refundable Registration Fee  
\$99 per family **due with registration form.** Early registration discount of \$10 by Jan 10, 2020
- Weekly Camp Fee  
\$100 per child (includes snacks)
- Monthly (4 weeks) Camp Fee  
\$350 per child
- Lunch package available
- **NO ICCP**

Fees need to be paid in advance on or before Thursday the week prior. There will be a 3% convenience fee for the use of a debit or credit card. Parents are responsible for notifying the school office if changes need to be made to their child's schedule.

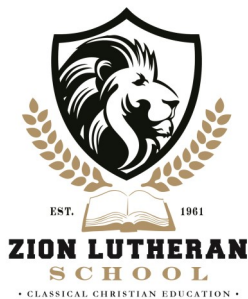
(In addition to the summer camp registration and admissions forms all non-ZLS students must provide a current immunization record)

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Signature of Financial responsibility

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Date



# 2020 Summer Camp Student Admission/Emergency Information Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade Completed \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father	Mother	Guardian	Father	Mother	Guardian
Name _____			Name _____		
Address _____			Address _____		
City _____ Zip _____			City _____ Zip _____		
Work Number _____ - _____ - _____			Work Number _____ - _____ - _____		
Cell Number _____ - _____ - _____			Cell Number _____ - _____ - _____		
Email _____			Email _____		
Employer _____			Employer _____		
Occupation _____			Occupation _____		
Child's Primary Address			Child's Primary Address		
Married <input type="checkbox"/> Single <input type="checkbox"/>		IF THERE IS A CUSTODY OR A NON CONTACT ORDER, WE MUST HAVE A COPY ON FILE FOR THE AGREEMENT TO BE HONORED.			

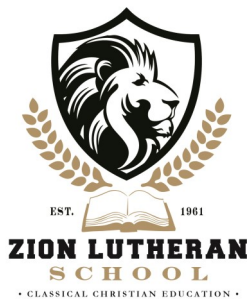
***When parent/guardian cannot be reached, please contact the following person(s) in the order listed. I authorize my child to be released to the following persons:***

Please print or type (Person other than parent or guardian)

1	Name _____ Relationship _____
	Home Phone _____ Work _____ Cell _____
2	Name _____ Relationship _____
	Home Phone _____ Work _____ Cell _____

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date



# 2020 Summer Camp Student Admission/Emergency Information Form

## AUTHORIZATION FOR EMERGENCY MEDICAL

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Zion Lutheran School to take my child to:

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Account/Group # \_\_\_\_\_

ID Number/Policy Owner SSN \_\_\_\_\_ Insurance claims Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Nearest Emergency Room will be used if no other hospital is listed**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the last 12 months, medication prescribed for long-term continuous use any other information of which that staff should be aware (*if no condition apply*, please state "NONE")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ATTENTION/FIRST AID AUTHORIZATION FOR ACTIVITIES

### TRANSPORTATION:

I Hereby \_\_\_\_\_ **GIVE** \_\_\_\_\_ **DO NOT GIVE** - consent for my child to be transportation and supervised by Summer Camp staff on field trips.

### WATER ACTIVITIES:

I Hereby \_\_\_\_\_ **GIVE** \_\_\_\_\_ **DO NOT GIVE** - consent for my child to participate in water activities (splash pools/wading pools/swimming pools)

### FIELD TRIPS:

I Hereby \_\_\_\_\_ **GIVE** \_\_\_\_\_ **DO NOT GIVE** - consent for my child to participate in field trips.

### PHOTO RELEASE:

I Hereby \_\_\_\_\_ **GIVE** \_\_\_\_\_ **DO NOT GIVE** - permission for my child to be photographed or videoed in the school, at school functions and on field trips for those images to be used in advertisement or other publication of the school. (*When pictures are used online there will not be personal identification or use of student's name.*)

\_\_\_\_\_  
Signature of parent of legal guardian

\_\_\_\_\_  
Date