

2023 Vacation Day Camp

REGISTRATION FORM



Children Attending

Name: _____ Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

* Please enter grade that child will be entering in the fall

Parent Information

Parent's Name(s) _____

Address _____

Email: _____ Phone # _____

How did you hear about our program? _____

Are there any food allergies our staff needs to be aware of? _____

Do you currently hold membership in a local church? No ___ Yes ___ _____
(name of church)

Additional Information

- Grades pre-school through 6th grade are eligible
- Pre-school children need to be potty trained
- Activities include: Bible stories, crafts, singing
- Lunch and snack provided
- Registration Fee and all forms need to be submitted by July 7th. Early registration is encouraged since limited enrollment is reserved on a first come/first serve basis.
- If the registration fee creates a legitimate financial hardship for your family, please contact us.

Fees (if not paid online)

Number of students _____ X \$100 = _____ (Maximum cost per family is \$200)

Make checks payable to: Messiah Lutheran Church

Mail to: Messiah Lutheran Church
PO Box 1156
South Windsor, CT 06074

Parents Signature _____ Date _____

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MEDICAL FORM



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Phone Number(s) to call <u>during</u> Vacation Day Camp Hours, 9am to 4pm, in case of emergency:	1 st Choice _____	
	2 nd Choice _____	

Medical Information

Hospital/Clinic Preference	Phone Number
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies(food and other)/Special Health Considerations:	
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.	
Parent's/Guardian's Signature	Date
_____	_____

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T-SHIRT ORDER FORM



MUST BE ORDERED BY JUNE 23rd

Child's Name and Size

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Check out

Number of t-shirts _____ X \$20 = _____

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Parents Signature _____ Date _____