



CLLC Kidz Kamp 2021

Christ Lutheran Learning Center



Please indicate which session(s) you are registering for:

SESSION DATES	TIME	COST	CHECK TO APPLY
Session 1: Tuesday – Thursday June 1-3 3 DAYS ONLY!	8:30 a.m. - 12:30 p.m.	\$75	
	8:30 a.m. - 4:00 p.m.	\$135	
Session 2: Monday – Thursday June 7-10	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 3: Monday – Thursday June 14-17	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 4: Monday – Thursday June 21-24	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 5: Monday – Thursday June 28-July 1	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
NO CAMP THIS WEEK July 5-8	N/A	N/A	N/A
Session 6: Monday – Thursday July 12-15	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 7: Monday – Thursday July 19-22	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 8: Monday – Thursday July 26-29	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 9: Monday – Thursday August 2-5	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	
Session 10: Monday – Thursday, August 9-12	8:30 a.m. - 12:30 p.m.	\$100	
	8:30 a.m. - 4:00 p.m.	\$180	

Child's Name _____ Date of Birth _____

Age as of March 1, 2021 _____ Home Telephone _____

Address _____
(Street) (City) (Zip code)

Mother or guardian _____ Cell Phone _____

Father and Guardian _____ Cell Phone _____

E-mail _____

Name and Telephone number of **other** persons authorized to pick up child:

(Name) (Phone) (Name) (Phone)

(Your child will not be released to anyone not known to the school without authorization from parents or guardian.)

Emergency Contact:

Name _____ Relationship to Child _____

Address _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to arrange emergency medical attention at the time of the illness or accident, I hereby authorize Christ Lutheran Learning Center (CLLC Kidz Kamp) to take my child, _____, to Dr. _____ Address of physician _____ Phone _____ or to _____ Clinic or Hospital, and I give consent for any and all necessary treatment for my child when the child is in this individual's care. In the event of a serious emergency, St. David's Georgetown Hospital Emergency will be used.

SPECIAL PROBLEMS OR NEEDS

My child has these special problems or needs: **(include any allergy, existing illness, previous serious illness, hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use.)**

PERMISSION TO PARTICIPATE IN CLLC KIDZ KAMP ACTIVITIES

(Please circle) I do / do not give permission for my child to use all the play equipment and to participate in all the activities of the Kidz Kamp. As parent or guardian, I assume all the risks and hazards of participation in the CLLC Kidz Kamp, and I waive all claims against Christ Lutheran Church or any directors, teachers, or helpers appointed by them.

MEDIA CONSENT

(Please circle) I do / do not give consent to CLLC to use photographic portraits, pictures, digital images, videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any CLLC publication, website or social media (i.e. Facebook and/or Instagram) without payment or any other consideration. Note: These photos would be of the children participating in classroom activities, playing on the playground or gym, or other Kidz Kamp activities. No personal information about the child will be published.

Signed _____ Date: _____

	Amount Paid	Date Paid	Check #	Cash
Payment for Session 1				
Payment for Session 2				
Payment for Session 3				
Payment for Session 4				
Payment for Session 5				
Payment for Session 6				
Payment for Session 7				
Payment for Session 8				
Payment for Session 9				
Payment for Session 10				