



# CLLC Kidz Kamp 2023

Christ Lutheran Learning Center



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

SESSION DATES	TIME	COST	CHECK TO APPLY
<b>Session 1:</b> Tuesday – Thursday May 30 - June 1 <b>3 DAYS ONLY!</b>	8:30 a.m. - 12:30 p.m.	\$113	
	8:30 a.m. - 4:00 p.m.	\$188	
<b>Session 2:</b> Monday – Thursday June 5-8	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 3:</b> Monday – Thursday June 12-15	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 4:</b> Monday – Thursday June 19-22	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 5:</b> Monday – Thursday June 26-29	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>NO CAMP THIS WEEK</b> July 3-6	N/A	N/A	N/A
<b>Session 6:</b> Monday – Thursday July 10-13	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 7:</b> Monday – Thursday July 17-20	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 8:</b> Monday – Thursday July 24-27	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 9:</b> Monday – Thursday July 31 - August 3	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	
<b>Session 10:</b> Monday – Thursday, August 7-10	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$250	

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age as of March 1, 2023 \_\_\_\_\_ 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 or wherever emergency personnel recommend.

**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.)

\_\_\_\_\_

\_\_\_\_\_

Does your child require an Epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

**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: \_\_\_\_\_

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