



CLLC Kidz Kamp 2025

Christ Lutheran Learning Center



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

SESSION DATES	TIME	COST	CHECK TO APPLY
Session 1: Tuesday– Thursday 3 DAYS ONLY! May 27 - May 29	8:30 a.m. - 12:30 p.m.	\$115	
	8:30 a.m. - 4:00 p.m.	\$210	
Session 2: Monday – Thursday June 2-5	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 3: Monday – Thursday June 9-12	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m..	\$275	
Session 4: Monday – Thursday June 16-19	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 5: Monday – Thursday June 23-26	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
NO CAMP THIS WEEK June 30-July 4	N/A	N/A	N/A
Session 6: Monday – Wednesday July 7-10	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 7: Monday – Thursday July 14-17	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 8: Monday – Thursday July 21-24	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 9: Monday – Thursday July 28 - July 31	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	
Session 10: Monday – Thursday, August 4-7	8:30 a.m. - 12:30 p.m.	\$150	
	8:30 a.m. - 4:00 p.m.	\$275	

Child's Name _____ Date of Birth _____

Age as of March 1, 2025 _____ Home Telephone _____

Address _____

(Street)

(City)

(Zip code)

Mother or guardian _____ Cell Phone _____

Father or 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.) If your child requires an Allergy Action Plan and/or an EpiPen, please ensure both are provided during the week(s) your child is registered for Kidz Kamp.

POTTY TRAINING POLICY

All children aged 3-years-old or older must be fully potty trained. This means they can communicate the need to use the toilet, follow simple instructions, self-initiate bathroom use, manage clothing, and handle all steps of the bathroom routine with minimal accidents.

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. I hereby grant permission for my child to be included in pictures connected with 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				