

Trinity Lutheran G.R.O.W. in the Son Summer Camp

Summer 2019 Enrollment Form

Office Use only:	
Registration paid	
Check# _____	Cash

Registration Fee: \$15

Indicate planned usage:

_____ Entire summer

Or (check the weeks your child will be in attendance)

June 3-7 _____

July 8-12 _____

August 5-9 _____

June 10-14 _____

July 15-19 _____

August 12-17 (closed 14 & 15) _____

June 17-21 _____

July 22-26 _____

July 1-5 _____

July 29- Aug. 2 _____

(Please note that the Program will be closed June 24th – June 29th for VBS at Trinity Lutheran)

Child's Name: _____ Sex: _____ Date of Birth: _____

Age/Grade last completed: _____ Home Phone: _____

Father's Name: _____ Marital Status: _____

Address: _____

Place of Employment: _____ Work #: _____

Mother's Name: _____ Marital Status: _____

Address: _____

Place of Employment: _____ Work #: _____

Mother's Cell Phone # _____ Father's Cell Phone # _____

Mother's Email _____ Father's Email _____

(If the Program is to prevent a father or mother from picking up or visiting your child, we must have a copy of the legal document on file in our office.)

Are you currently receiving financial assistance through the child care assistance program administered through Community Child Care Connection, Inc.? _____ Yes _____ No

The G.R.O.W. in the Son Program is open to all K-Grade 6 children regardless of religious affiliation. Please complete the following:

_____ Attend or a member of Trinity Lutheran Church

_____ Attend or a member of _____

(church name)

_____ Currently unchurched

Signature of Parent/s

Date