

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

Summer 2018 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 4-8	_____	July 9-13	_____	August 6-10	_____
June 11-15	_____	July 16-20	_____	August 13-17	_____
June 18-22	_____	July 23-27	_____		
July 2-6	_____	July 30- Aug. 3	_____		

(Please note that the Program will be closed June 25<sup>th</sup> – June 29<sup>th</sup> 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