

registration

(CHECK ALL THAT APPLY FOR THIS CAMPER)

DAY CAMP

(1 FORM PER CAMPER)

CAMP DATES	WEEKLY FEE \$140.00	DAILY FEE \$35.00 PER DAY	BEFORE &/or AFTERCARE \$15.00 PER DAY or \$50.00 PER WEEK	WEEKLY TOTAL
JUNE 14-18 SUPERHERO CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JUNE 21-25 SPORTS CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JUNE 28 - JULY 2 SCIENCE / EXPLORATION CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JULY 5-9 SPLASH CAMP (1)	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JULY 12-16 CARNIVAL CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JULY 19-23 LEGO BUILD CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
JULY 26-30 IMAGINATION CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
AUGUST 2-6 OUTDOOR ADVENTURE CAMP	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
AUGUST 9-13 SPLASH CAMP EXTREME	_____ \$140	MON / TUE / WED / TH / FRI	BEFORE / AFTER	\$ _____ WEEKLY TOTAL
PLEASE MAKE CHECKS TO FCLC AND RETURN ALL FORM(S) TO: 765 E. CHINDEN BLVD. MERIDIAN, ID 83646 208-288-2404 www.friendshipcelebration.org			WEEKLY SUBTOTAL=	\$ _____
			+ \$35 REG FEE	\$ 35.00
			TOTAL	\$ _____

MEDICAL RELEASE: IF EMERGENCY CARE IS REQUIRED FOR MY CHILD AND A PARENT OR LEGAL GUARDIAN CANNOT BE REACHED, I HEREBY AUTHORIZE TREATMENT FOR MY CHILD SHOULD THE ATTENDING PHYSICIAN DEEM IT NECESSARY.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE LIST ALL KNOWN ALLERGIES AND MEDICAL CONCERNS: _____

PHOTO/VIDEO RELEASE: I HEREBY CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY FRIENDSHIP CELEBRATION LUTHERAN CHURCH OF ANY AND ALL IMAGES CAPTURED DURING ANY AND ALL ACTIVITIES AT FCLC SUMMER DAY CAMP THROUGH VIDEO., PHOTO, AND DIGITAL CAMERA TO BE USED FOR PUBLICATION OF PRINT, VIDEO, OR WEBPAGE.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CAMPER INFORMATION

CAMPER'S LEGAL LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED NAME/NICKNAME
ADDRESS	CITY	ZIP CODE	HOME PHONE
DATE OF BIRTH	AGE	GENDER (M/F)	GRADE FALL OF 2021
WHO WILL PRIMARILY PICK UP THIS CAMPER?	SCHOOL ATTENDING		
LIST OTHERS THAT ARE ALLOWED TO PICK UP THIS CAMPER			

PARENT INFORMATION: _____ **BEST DAYTIME PHONE #:** _____
(PRINT FULL NAME OF PARENT/GUARDIAN TO CONTACT FIRST)

ADDRESS (If different than above) _____ CITY _____ ZIP _____

WORK PHONE _____ EMAIL (If different than above) _____

EMERGENCY CONTACT INFORMATION: FULL NAME: _____ **CELL PHONE:** _____

Relation to Camper: _____ **HOME PHONE:** _____ **WORK PHONE:** _____

CAMPER'S DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____