



2020 Summer Camp Registration Form

Christ the King Lutheran Church

100 W. Michigan Ave.

Palatine, IL 60067

Phone: 847-358-0230

E-mail: preschool@ByFaithAlone.org



Child's Name _____
First Name Middle Name Last Name

Name child goes by _____

Address _____
Street City Zip Code

Child's Birthday _____ Sex _____

Allergies and/or other medical problems: _____

My child will attend: _____ Session 1 JULY 6-10 (\$100) _____ Session 2 JULY 20-24 (\$100)
_____ Both sessions (\$190)

Parent or Guardian Information:

Father's Name _____ Home Phone _____

Father's Cell Phone _____ Father's Work Phone _____

Mother's Name _____ Home Phone _____

Mother's Cell Phone _____ Mother's Work Phone _____

Family E-mail Address: _____ Church Home _____

Emergency contacts:

Contact _____ Relationship _____

Phone during camp hours _____

CONSENT FORM

This registration is to enroll my child in "Summer Camp" at Christ the King Evangelical Lutheran Church. It is understood that this form may be used for information by the Pastor and/or the Evangelism Committee of Christ the King in furthering Christian Education. By signing this form I hereby grant permission for my child to use all of the play equipment and participate in the activities of "Summer Camp". I also give Christ the King Church permission to photograph my child. This may be used to show what the children are doing in class and for promotional use on the church's website.

Signed (father or mother) _____ **Date** _____

For office use only:

Session 1 2 OR BOTH (CIRCLE) Date paid: _____ (CIRCLE) cash or check no _____

Christ the King Lutheran Summer Camp Consent Form

This registration is to enroll my child in Summer Camp at Christ the King Lutheran of Christ the King Evangelical Lutheran Church.

It is understood that this form may be used for information by the Pastor and/or the Evangelism Committee of Christ the King in furthering Christian Education.

By signing this form I hereby grant permission for my child to use all of the play equipment and participate in the activities of the Christ the King Lutheran Summer Camp. This may include walking trips beyond the school grounds, into our school's neighborhood. These trips will happen occasionally to enhance the curriculum. I also understand that my child will be given religious instruction as part of Christ the King Lutheran curriculum.

I also give Christ the King permission to photograph my child for use to show what the children are doing at Summer Camp and for promotional use on the church's website.

I also hereby grant permission for the administrator or teachers to take the following steps to obtain emergency medical care if warranted:

1. Call 911.
 2. Paramedics may take my child to the nearest hospital available when deemed necessary.
 3. Call parents or guardians.
 4. Summer Camp staff may administer first aid to my child.
- Any expenses incurred in the event of an emergency involving your child will be borne by your family.

We will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I also give permission for the staff to assist my child with any toileting needs.

Signed (Father): _____ Date: _____

Signed (Mother): _____ Date: _____