

2021 Summer Camp Enrollment Form



The deadline to enroll in Trinity's 2021 Summer Camp is May 14, 2021.

A non-refundable application fee of \$75 is due with this form.

For Office Use Only

Date of application _____ Shirt given _____

Fee received on _____ Check # _____

STUDENT INFORMATION

Student's Last Name _____ First _____ Middle _____

Male

Student shirt size (circle one) YXS YS YM YL S M L XL

Female

Program/Grade Completing Two-Year-Old Town Preschool (3/4 years) Pre-Kindergarten (4/5 years)
 Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade

Birthday (mo/day/yr) _____ Allergies/Health Concerns _____

(Please attach allergy/health statement or instructions, if necessary.)

SIBLING INFORMATION

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

SCHEDULE OPTIONS AND TUITION COSTS

Summer Two-Year-Old Town:

Available mornings only - 3 days/week (\$70/week)

Please select the 3 days your child will attend Summer Camp each week:

Monday Tuesday Wednesday Thursday Friday

Three Years through 4th Grade:

Full Day - 5 days/week (\$160/week) Mornings - 5 days/week (\$80/week)

Full Day - 4 days/week (\$130/week) Mornings - 4 days/week (\$70/week)

Full Day - 3 days/week (\$105/week) Mornings - 3 days/week (\$55/week)

Please select the days your child will attend Summer Camp each week:

Monday Tuesday Wednesday Thursday Friday

Please complete the reverse side.

CHURCH CAMPUS
217.787.2323, ext. 2

220 S. Second Street
Springfield, IL 62701

SCHOOL CAMPUS
217.787.2323, ext. 1

515 S. MacArthur Blvd.
Springfield, IL 62704

BIOLOGICAL FATHER'S INFORMATION

Father's Name _____
Street Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone # _____ Cell # _____
Work Phone # _____
Employer/Occupation _____
Church Home _____
 Married Divorced Widowed Never Married
Name of Spouse _____

BIOLOGICAL MOTHER'S INFORMATION

Mother's Name _____
Street Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone # _____ Cell # _____
Work Phone # _____
Employer/Occupation _____
Church Home _____
 Married Divorced Widowed Never Married
Name of Spouse _____

With whom does the student live? _____

ADDITIONAL EMERGENCY CONTACT/PICK-UP INFORMATION

Name _____
Relationship to Student _____
Home Phone # _____ Cell # _____
Work Phone # _____
Name _____
Relationship to Student _____
Home Phone # _____ Cell # _____
Work Phone # _____

Name _____
Relationship to Student _____
Home Phone # _____ Cell # _____
Work Phone # _____
Name _____
Relationship to Student _____
Home Phone # _____ Cell # _____
Work Phone # _____

I hereby give my permission for any and all medical attention necessary to be administrated to my child in the event of an accident, injury, sickness, etc., under the supervision of the director/counselor, until such time as I or the child's other parent/guardian may be contacted. I also hereby assume responsibility for payment of any such treatment, and I indemnify such persons and Trinity Lutheran Church & School from all costs and/or liabilities arising from such treatment. If my child has any medical condition or special needs, I will provide that information in writing to the camp staff. I also grant full permission for the taking of and use of photos and/or video of my son/daughter.

Signature of Parent or Guardian _____ Date _____

How did you hear about Trinity Lutheran School Summer Camp? _____

Does your family regularly worship at a church? Yes No Location _____