

2018 Summer Camp @ IPLC Family Enrollment Form

Child's LAST NAME _____

Child's First Name	Date of Birth	Grade Completed	Child's T-Shirt Size Small: Age 2-4 Med: Age 6-8 Large: Age 10-12	Age by August 1	Returning Student? YES/NO	Food Allergies? YES/NO <i>Describe on Back</i>	Half Day or Full Day Camp? (Full Day is limited to K-6th grade)
1							
2							
3							

Parent/Guardian's Name(s) _____ Relationship to Child _____

Home Address _____ Zip Code _____

Parent/Guardian's Cell Phone _____

Home Phone _____ Work Phone _____

Parent/Guardian's Email _____

How did you hear about us? _____ Family's Home Church _____

Emergency Contact Information:

1) Name _____ Relationship to Child: _____

Cell Phone _____ Permission to Pick Up from Camp: ___Yes ___No

2) Name _____ Relationship to Child: _____

Cell Phone _____ Permission to Pick Up from Camp: ___Yes ___No

I understand my child is expected to be dropped off at Irving Park Lutheran Church between 8:30am - 9:00 a.m. and picked up between 12:00pm - 12:30pm (half day) or by 5:00pm (full day) on Mondays through Fridays. I hereby give permission for my child/children to participate in Summer Camp @ IPLC activities, including walking field trips. I fully assume all responsibility for injuries he/she may sustain or articles lost during Summer Camp @ IPLC and hereby release Summer Camp @ IPLC and its employees and volunteers from liability for any injury I or my child may sustain. I give my child permission to participate in all Summer Camp @ IPLC activities unless otherwise stated by me in writing. I understand a separate field trip form must be filled out for my child to participate in off campus field trips.

All children enrolling in the 3 year old class MUST be potty trained. No pull-ups/diapers.

Parent/Guardian Signature _____ **Date** _____

By signing below I grant Summer Camp @ IPLC permission to use any and all photos in which my child or I may appear. The usage is inclusive of, but not limited to, inclusion in brochures, posters, handbooks, banners, social media, and broadcast or print advertising. I agree to waive any claim to be compensated for use of said photos.

Parent/Guardian Signature _____ **Date** _____

ATTENTION PARENTS: Due to the increased volume of children that have food allergies, Summer Camp @ IPLC will no longer be able to provide snacks for children who have *extreme or severe dietary food restrictions*. It will be the responsibility of the parents to provide snacks. *This is only for children with dietary food restrictions.*

****Note:** All children enrolled in full day camp are required to bring their own lunch. Snacks are provided.**

Describe allergies here:

Child's Name	Type of Allergy	Accommodations Required
1.		
2.		
3.		

Please describe any medical conditions or special needs your child has that the staff should know about:

Costs:

Please Check The Weeks Your Child Will Attend:

Registration Fee:

\$20

Half Day 8:30am - 12:30pm

(3 yrs old - 6th grade)

\$65/week

Full Day 8:30am - 5:00pm

(Kindergarten - 6th grade only)

\$150/week

<i>You may attend 1, 2, or all 3 weeks!</i>	Half Day	Full Day
Week 1 (August 6 - 10)		
Week 2 (August 13 - 17)		
Week 3 (August 20 - 24)		

Tuition: Now you can pay tuition ONLINE! Go to www.iplc.org and click **Give Now**, then select Specialized Ministry, Summer Camp @ IPLC. Be sure to type your child's name in the box.

For questions, please call 773-267-1666. Please fill form out as completely as possible and send with payment (*check or money order, made out to Irving Park Lutheran Church*) to:

Summer Camp @ IPLC
c/o Irving Park Lutheran Church
3938 W. Belle Plaine
Chicago IL 60618

Need-based Summer Camp @ IPLC Scholarships available.

Contact Pastor Bouman at erinbouman@sbcglobal.net

<p>Registration is complete with payment of a non-refundable registration fee and first-week tuition. Tuition may be paid in full at time of registration, or may be paid in weekly installments. Each week's tuition must be paid by the Thursday before.</p>
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