



REGISTRATION & PAYMENT INFORMATION – 2017
Registration fee: \$75.00/per camper – (due with registration form)

Participants Information:

Child's name _____

Birthdate _____ Age _____ Last grade attended _____

Good Shepherd Student _____Y _____N

Siblings attending:

Child's name _____

Birthdate _____ Age _____ Last grade attended _____

Good Shepherd Student _____Y _____N

Address: _____

City _____ Zip Code _____

Guardian 1 _____ / Guardian 2 _____

Home Phone _____ / _____

Work Phone _____ / _____

Cell Phone _____ / _____

E-Mail Address _____ / _____

My child may be released to the following people (picture I.D must be presented):

Name: _____

Relationship: _____ Phone # _____

Name: _____

Relationship: _____ Phone # _____

In case of emergency, if guardians cannot be reached, please contact:

Name _____ Phone # _____

Allergies and/or Medical Conditions: (If none known, write "NONE KNOWN")

Insurance Name _____ Policy _____

Doctor _____ Phone # _____

Please initial:

I authorize camp personnel to arrange emergency treatment by qualified person, if needed:

Yes, I authorize _____ No, I do not authorize _____

I give GSLS Summer Camp permission to photograph/video my child during camp activities for publicity purposes:

Yes, I authorize _____ No, I do not authorize _____

CAMP RATES:

Registration fee: \$75.00/per camper – (due with registration form)

DAILY RATES:

Hours: 8:30–3:00pm	Weekly Rate	Daily Rate
One Child	\$125.00	\$30.00 (\$45 on field trip days)
Two Children	\$212.50	\$45.00 (\$60 on field trip days)

Hourly extended care (7am –6pm) is available at \$5.00 per hour.

MONTHLY RATES:

	No Extended Care (8:30–3:00)	With Extended Care (7:00am–6:00pm)
One Child	\$450.00	\$625.00
Two Children	\$765.00	\$1,115.00

****Daily Extended Care (\$5.00/hour) will be billed weekly.***

Camp T-shirt:

Choose size: ___ Youth small ___ Youth Medium ___ Youth Large ___ Youth XL

PAYMENT :

(Check all that apply.)

___ Cash ___ Enclosed is a check payable to: *Good Shepherd Lutheran School*

OR ___ I have filled out (attached) Credit Card Authorization form (attached)

PLEASE NOTE: You can also bring debit/credit card to be charged in school office via card reader

For office use only:

Received by: _____ on _____
Total: _____ Paid: _____

NOTES: