



LUTHERAN HIGH SUMMER CAMP FOR KIDS

2024 REGISTRATION FORM

(Separate form needed for each child)

Lutheran High School
5200 S. 6th St. Frontage Road East
Springfield, IL 62703
217-546-6363

Each week the campers will take field trips, create artistic or craft items, participate in athletic events, and work with “quiet time” activities. Daily snack and milk at lunch will be provided. Travel expenses, entrance fees, and materials used will be covered by the weekly fee. Due to mine subsidence on our West Washington campus, Our Savior’s and a site to be determined will be used throughout the summer as well as other sites in the Springfield area. Transportation will be provided by school buses. Each weekly schedule will be posted no later than Thursday or Friday of the previous week. A secondary payee insurance policy is included in the weekly fee, which covers accidents to campers. This company will pay most of the costs not covered by your regular accident/medical insurance.

Your camper will receive a free T-SHIRT. Please check one: (extra T-shirts available for \$5.00 each)

YOUTH S _____ M _____ L _____ ADULT S _____ M _____ L _____ XL _____

Check the sessions for which you are registering the child identified on the reverse side of this sheet. Registration is confirmed with the receipt of a **\$20 deposit for EACH week indicated** (8 weeks registered = \$160.00 deposit). Registration will be forfeited if a one-week notification of non-attendance is not given. After registration, the **balance** of the weekly tuition is due by Monday of the indicated week.

Week beginning:	June 3* _____ OS	June 24* _____ OS	July 15** _____ TBD
	June 10* _____ OS	July 1** _____ TBD	July 22** _____ TBD
	June 17* _____ OS	July 8** _____ TBD	

*June 3, 10, 17 & 24 weeks—summer camp will be held @ Our Savior’s Lutheran School, 2645 Old Jacksonville Rd.
**July 1, 8, 15 & 22 weeks—summer camp will be held at TBD.

VOYAGER GROUP – Wednesday Single Day Trip Only

Your **7th and 8th grade** child has the option of being a one-day camper. If there is room available in our buses, your camper can go on our once-a-week long trip for a one-time cost (cost is listed after trip). Registration is confirmed with the acceptance of a \$10 non-refundable deposit for each trip indicated. Please see Voyager Camp Policy for clarification of deposit return. The balance for the single day trip is due prior to leaving. Breakfast, lunch and snack provided.

If your child IS SCHEDULED to attend all week, the amount for the single day trips is included in the weekly rate.

____ June 5, Wed. – Paintball to Go, Roodhouse, \$110	____ July 3, Wed. – Edison’s Entertainment, Edwardsville, \$90
____ June 12, Wed. – CU Adventures, Champaign, \$110 Escape Room	____ July 10, Wed. – Altitude Trampoline Park, Bloomington, \$110
____ June 19, Wed. – Starved Rock State Park, Oglesby, \$110 Horseback riding & hiking trails	____ July 17, Wed. – Springfield Area Activities, \$80 Malibu Jacks
____ June 26, Wed. – Raging River Water Park, Grafton, \$110	____ July 25, THURSDAY* Paintball to Go, Roodhouse, \$110 *Note: this trip is on <u>Thursday</u>, NOT Wednesday

REGISTRATION FORM

LUTHERAN HIGH SUMMER CAMP FOR KIDS 2024

Fees: Ending Grades K-6 \$170.00
Ending Grades 7-8 \$175.00 (Voyager Group)
Dates: June 3 – July 26, 2024 (eight weeks)



CHILD'S NAME _____ BOY _____ GIRL _____ DOB _____

(Separate form needed for each child)

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

DAD'S EMAIL _____ MOM'S EMAIL _____

DAD'S WORK PLACE _____ MOM'S WORK PLACE _____

DAD'S WORK PHONE _____ MOM'S WORK PHONE _____

DAD'S CELL/HOME PHONE _____ MOM'S CELL/HOME PHONE _____

EMERGENCY CONTACT/PICK-UP AND PHONE NUMBERS (other than parents):

Name _____ Phone (home/cell) _____

Name _____ Phone (home/cell) _____

SCHOOL ATTENDING _____ GRADE COMPLETED JUNE '24 _____

DOCTOR'S NAME _____ Phone _____

PREFERRED HOSPITAL _____ Phone _____

INSURANCE NAME & NUMBER _____

MEDICAL ALERTS (Medical problems, medication allergies, food allergies, bee stings, asthma, hyperactivity, etc.) _____

MEDICATION TO BE TAKEN (Note Policy Statement) _____

PHYSICAL ACTIVITY LIMITATIONS _____

MAY WE GIVE TYLENOL TO CHILD IF (REQUESTED) NEEDED? _____

I have read, understood and agree to the policies of the **Lutheran High Summer Camp for Kids**. I understand that I will be assessed a late pick-up fee of \$5 per each 15 minutes following the 5:30 p.m. deadline per child involved.

I hereby give permission for **Lutheran High Summer Camp for Kids** staff to authorize emergency medical treatment in the event I cannot be reached by phone.

I accept the financial responsibility for any medical emergency treatment given to my child.

Parent's signature _____