

2025 Vacation Day Camp

REGISTRATION FORM



Children Attending

Name: _____ Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

Name: _____

Age: _____

Grade*: _____

* Please enter grade that child will be entering in the fall

Parent Information

Parent's Name(s) _____

Address _____

Email: _____ Phone # _____

How did you hear about our program? _____

Are there any food allergies our staff needs to be aware of? _____

Do you currently hold membership in a local church? No ___ Yes ___ _____
(name of church)

Additional Information

- Grades pre-school through 6th grade are eligible
- Pre-school children need to be potty trained
- Activities include: Bible stories, crafts, singing
- Lunch and snack provided
- Registration Fee and all forms need to be submitted by July 14th. Early registration is encouraged since limited enrollment is reserved on a first come/first serve basis.
- If the registration fee creates a legitimate financial hardship for your family, please contact us.

Fees (if not paid online)

Number of students _____ X \$100 = _____ (Maximum cost per family is \$200)

Make checks payable to: Messiah Lutheran Church

Mail to: Messiah Lutheran Church
PO Box 1156
South Windsor, CT 06074

Email to: ptehlers@messiahct.com

Parents Signature _____ Date _____

2025 Vacation Day Camp

MEDICAL FORM



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Child's Name	Date of Birth	Sex M F
Phone Number(s) to call <u>during</u> Vacation Day Camp Hours, 9am to 4pm, in case of emergency:	1 st Choice _____	
	2 nd Choice _____	

Medical Information

Hospital/Clinic Preference	Phone Number
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies(food and other)/Special Health Considerations:	
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.	
Parent's/Guardian's Signature	Date
_____	_____

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PHOTO PERMISSION FORM



Dear Camper Parents,

We would like to obtain permission to take photos of your children doing various activities during our Vacation Day Camp. These photos will be put on display at our church and in a video(s) to show the activities that the campers participated in. Additionally, we would like to be able to use the photos/videos to post on our website for future advertising for this yearly event, possibly for invitations and possibly for newspaper articles.

Please note: We will not be including any children's names on the website, in the newspapers or invitations - just photos.

The Messiah Lutheran Church
Vacation Day Camp Committee

_____ **I GIVE** permission for my child(ren) to be photographed and to have photos posted on the Messiah Lutheran Church website, in newspapers or invitations (without names listed).

_____ **I DO NOT GIVE** my permission for my child(ren) to be photographed and to have photos posted on the Messiah Lutheran Church website, in newspapers or invitations (without names listed).

Name of Child(ren)

Name of Child(ren)

Name of Child(ren)

Name of Parent

Signature of Parent

Date

2025 Vacation Day Camp

T-SHIRT ORDER FORM



MUST BE ORDERED BY JULY 15th

Child's Name and Size

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Name: _____

T-shirt: S M L XL

Parents Signature _____ Date _____