

SPROUT Fall Program 2019/2020 Registration Form (one form per child)

(Please fill out all forms)

Children age 2 to 3 years (do not need to be potty trained)

A child may attend one day only. Wednesday or Thursday

Wed class begins September 4 | Thurs class begins September 5 | 9:00am to 1:00pm

\$120.00 per child + a one-time non-refundable registration fee.

Pay by check or online at: <https://tinyurl.com/hxqvtos>

Make checks payable to Our Savior's Lutheran Church (memo: SPROUT Camp)

Today's Date: _____

1. My Child will attend Wednesday Class _____ My Child will attend Thursday Class _____

2. Child's First Name: _____ Child's Last Name: _____

3. Child's Preferred Name to be used: _____

4. Date of Birth: _____ Child's Age: _____

5. Address: _____

6. City: _____ State _____ Zip: _____

7. Phone #: _____ Cell Phone #: _____

8. Parent e-mail: _____

9. Mother's First & Last Name: _____

10. Father's First & Last Name: _____

11. Does your child have any allergies? _____

12. Does your child have any medical problems? _____

13. Does your child have any fears or behavioral problems? _____

Our Savior's Lutheran Church
200 Avenida San Pablo - San Clemente, CA 92672
(949) 492-6164 oslcsec@sbcglobal.net

For office use only:

Amt Pd _____ Date Pd _____

Pmt Ck # _____ CC _____ Cash _____

Copy to Miss Cindy _____

Photo Consent Form

I, _____ grant to the Church (known as Our Savior’s Lutheran Church) and its representatives and employees the right to take photographs of my child in connection with the SPROUT Fall 2019/2010 Program. I authorize the Church, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Church may use such photographs of my child with or without his/her name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: _____

Date: _____

Consent for Pick up

Child/Children’s name(s) _____

I (parent’s name) _____

give my permission for the following person(s) to pick up my/our child/children from Our Savior’s Lutheran Church SPROUT Summer Camp program located at:
200 Avenida San Pablo
San Clemente, CA 92672.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____