SPROUT Summer Camp Registration Form (one form per child) (Please fill out all forms)

Children age 2 to 3 years (does not need to be potty trained)
August 5 - August 9, 2019

Monday through Friday - 9:00am to 1:00pm

\$140.00 per child (must be paid at time of registration)

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:		
Child's First Name:	Child	l's Last Name:
Child's Preferred Name to be used:		
Date of Birth:	Child's Ag	je:
Address:		
City:	_ State	Zip:
Phone #:	_ Cell Phone #:_	
Parent e-mail:		
Mother's First & Last Name:		
Father's First & Last Name:		
Does your child have any allergies?		
Does your child have any medical pro	blems?	
Does your child have any fears or beh	avioral problen	ns?
Our Carrion's Luthonon Church		For office use only:

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 it	:S
representatives and employees the right to take photographs of my child in connection with th	
SPROUT 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:	
<u>Consent for Pick up</u>	
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:	