

ST. PAUL'S LUTHERAN SUMMER CAMP 2017

308 OAK MANOR DRIVE
 GLEN BURNIE, MD 21061
 410-766-0591 ext. 14

REGISTRATION FORM/ATTENDANCE SCHEDULE (RETURN BY APRIL 1st) Please include a **\$100.00 non-refundable registration fee with this form.** Please check the days/weeks that your child will attend. Please fill out a separate form for each child. Children entering P3 summer camp must be three years of age and **FULLY POTTY** trained by the first day of camp. **ALL MEDICAL FORMS, EMERGENCY FORMS, ALL ABOUT MY CHILD FORMS, ETC. MUST BE FILLED OUT AND RETURNED TO THE CAMP OFFICE BEFORE ATTENDING!!!**

CHILD'S NAME: _____ GRADE: _____ (2017-2018)

_____ D.O.B.: _____ MALE OR FEMALE
 (ADDRESS)

_____ (CITY/STATE/ZIP) _____ (HOME TELEPHONE)

_____ (EMAIL ADDRESS) _____ (CELL/WORK TELEPHONE)

Arrival Time a.m.: 7:00 7:30 8:00 8:30 **Departing Time p.m.:** 3:00 4:00 4:30 5:00 5:30 *(Please Circle)*

PLEASE PUT AN (X) IN THE BOX OF THE DAYS THAT YOUR CHILD WILL NEED CARE DURING THE SUMMER..

JUNE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

JULY/AUGUST

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 CLOSED	4 CLOSED	5 CLOSED	6 CLOSED	7 CLOSED
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31	1	2	3	4

AUGUST/SEPTEMBER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	1 CLOSED

PLEASE RETURN COMPLETED FORM WITH YOUR REGISTRATION FEE TO ST. PAUL'S CAMP OFFICE BY APRIL 1, 2017.

SIGNATURE: _____ **DATE:** _____

(The signer agrees to be financially responsible for payment.)

Office Use: Registration Fee Amount: _____ Check #: _____ Date: _____ Rec'd By: _____

