

**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 <b>CLOSED</b>	4 <b>CLOSED</b>	5 <b>CLOSED</b>	6 <b>CLOSED</b>	7 <b>CLOSED</b>
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 <b>CLOSED</b>

**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: \_\_\_\_\_

