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| **2018 Lake Mills Moravian Church** **Little Lambs V.B.S. Registration Form** |
| **Camper’s Name:** |   |  | **Camper’s Age:** |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Camper’s Address:** |   |  | **Camper’s Date of Birth:** |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Camper’s Home Phone Number:** |   |  | **Camper’s Home Congregation and Pastor:** |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Parent(s)/Guardian(s) First & Last Name** |   |  | **Parent(s)/Guardians****Email Address:** |   |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

***Remember to invite your friends! More forms are available in the church office!***

***REGISTRATION DEADLINE JULY 22, 2018***

**CAMP DATES: (Monday-Wednesday) August 13-15, 2018**

**CAMP TIMES: 4:00-7:00 pm**

**Please note on Monday, August 13, we will have a worship service at 6:30pm and we invite you to attend this service with your child(ren).**

**COST: $20.00 per camper, $30.00/two campers, $35.00 per family**

**Cost includes supper, crafts and a t-shirt**

**Please check shirt size for your child:**

**4/6:\_\_\_\_\_\_: 8/10:\_\_\_\_\_\_**

**\*\*If your child does not care for the evening meal, we will offer peanut butter and jelly as a replacement\*\***

**We encourage all 3 year olds through 6 years old to join us. Children MUST be Potty Trained.**

**Please drop off or mail form to:**

**Lake Mills Moravian Church**

**Attn: Sue Trumpf**

 **301 College Street**

**Lake Mills, WI 53551**

**\*\*\*\*\*PLEASE TURN PAGE OVER & COMPLETE. THANK YOU!\*\*\*\*\***

**Special Needs:**

Does your child have any special needs regarding their physical or emotional health that we should be made aware of?

Yes\_\_\_\_\_ No \_\_\_\_\_\_

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Allergies:**

Does your child have any food or medication allergies that we should be made aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Media Waiver**: I, as the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent that my child’s picture and/or image may be used by the Lake Mills Moravian Church for publicity and/or posted on the official Facebook page.

Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent:** The undersigned does hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend and participate in all activities sponsored by the Lake Mills Moravian Church for the Little Lambs V.B.S. We/I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the child/minor under the general or special supervision and on the advice of any physicians or dentists licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, the undersigned shall pick up or make arrangements to pick up the child.

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Name of emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number of emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUESTIONS?** Please contact Anna Hoyt @ abhoyt@charter.net Kristen Stilling @ kstilling@rocketmail.com or Sue Trumpf @ strumpf84@gmail.com 920-723-9386(Sue’s #) and leave a message & she will return your call.

If you have more than one child attending, please fill out one sheet completely and the subsequent sheets with the name of each child, their current age, birth date & complete back of each page.