

CHRIST OUR REDEEMER LUTHERAN CHURCH AND SCHOOL  
304 Druid Hills Road, Temple Terrace, FL 33617 (813) 988-4025

REGISTRATION FOR CORLS SUMMER CAMP 2009

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

          Last                      First                      Middle

Grade entering for the 2009-2010 school year: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current school: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List the persons to be contacted in case of emergency when parents cannot be reached.

Name	Relationship	Telephone
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In absence of parents, who is authorized to take the child home?

Name	Relationship	Telephone
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Father \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**OTHER INFORMATION:**

Does child wear glasses? \_\_\_\_\_ Are there any illnesses, physical limitations, or habits that we should know about? \_\_\_\_\_

**Dispensing of Non-Prescription Medicines**

Should your child have the following symptoms, we will take these actions, with your permission. Please sign in the space below if you wish us to take these steps with you child. Only your signature on this form will allow us to take these precautions. Please check the appropriate items.

- Headache and /or fever, we will use **Regular Tylenol, Advil, or Children's Tylenol**
- Insect Bites, we will use **Caladryl or Benadryl**
- Body Rash, we will use **Hydrogen Peroxide, Neosporin Ointment or Bactine**
- I give permission to use the above medications for my child when the above occurs.
- I withhold permission for use of the above medications on my child unless I am reached first by phone

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## CAMP FEES

Camp Session	Dates	Time	Grade Level	Cost	Totals
Week 1	June 15 <sup>th</sup> - June 19 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 2	June 22 <sup>nd</sup> – June 26 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 3	June 29 <sup>th</sup> – July 3 <sup>rd</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 4	July 6 <sup>th</sup> – July 10 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 5	July 20 <sup>th</sup> – July 24 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 6	July 27 <sup>th</sup> - July 30 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
Week 7	August 3 <sup>rd</sup> – August 7 <sup>th</sup>	8:00 a.m. – 12:00 p.m.	Pre-3- 5 <sup>th</sup>	\$80.00	
				<b>Sub-Total Camp:</b>	

## Extended Child Care

Camp Session	Dates	Segment time	Cost	Totals
Week 1	June 15 <sup>th</sup> – June 19 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
Week 2	June 22 <sup>nd</sup> – June 26 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
Week 3	June 29 – July 3 <sup>rd</sup>	12:00-5:30 p.m.	\$40.00	
Week 4	July 6 <sup>th</sup> – July 10 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
Week 5	July 20 <sup>th</sup> – July 24 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
Week 6	July 27 <sup>th</sup> – July 30 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
Week 7	August 3 <sup>rd</sup> – August 7 <sup>th</sup>	12:00-5:30 p.m.	\$40.00	
			<b>Sub-Total ECC:</b>	

**TOTAL FEES** \$ \_\_\_\_\_

**DEPOSIT REQUIRED** \$ \_\_\_\_\_

**REMAINING FEES** \$ \_\_\_\_\_

A 50.00 non-refundable deposit is required for each registered camper and is due by May 15, 2009. The balance for each camp session is due on the first day of each camp.

I understand that the deposit is non-refundable.

Signature: \_\_\_\_\_