

**Grace Lutheran Church  
Day Camp 2016 Registration**

**Child(ren) Information:**

**(First and Last Names) Summer 2016:**

**Please circle days attending:**

- |  |        |         |           |
|--|--------|---------|-----------|
| 1. _____ Birthdate ___/___/___ Grade ___ (2016-17) | June 8 | July 13 | August 10 |
| 2. _____ Birthdate ___/___/___ Grade ___ (2016-17) | June 8 | July 13 | August 10 |
| 3. _____ Birthdate ___/___/___ Grade ___ (2016-17) | June 8 | July 13 | August 10 |
| 4. _____ Birthdate ___/___/___ Grade ___ (2016-17) | June 8 | July 13 | August 10 |

Yes/No (circle) I have additional information to share (ie: allergies, special needs or other information) concerning my child, \_\_\_\_\_  
(name)

**Household Information:** *(Feel free to write "same" where appropriate)*

Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email to use for communication (please write carefully):  
\_\_\_\_\_

Email to use for communication (please write carefully):  
\_\_\_\_\_

**Parent/Guardian Permission**

I hereby grant Grace Lutheran Church; Waseca, MN (the organization) permission to use pictures that include my child(ren)'s likeness in church publications. (without use of any names)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)