

Family ID: _____

TLC Parents' Day Out Summer Camp Registration 2026

Parent:

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Child:

Name _____

DOB _____

Please indicate which camps your child will be attending:

- ☐ June 1-5: Camping & The Great Outdoors
- ☐ June 15-19: Bugs, Bugs, Bugs!
- ☐ July 6-10: Cowboys & Cowgirls
- ☐ July 20-28: Around the World: An Exploration of Cultures
- ☐ August 3-7: LEGO
- ☐ August 17-21: Renaissance Fun: Fantasy Fun for the Young

Registration for each camp is **\$190/child** and requires a **NON-REFUNDABLE** deposit of \$50 for each camp that will be credited towards the final cost of tuition. All camps must be **paid IN FULL by the first day of the camp registered for** *All campers are required to have an immunization record, physical exam report, signed notice of parental responsibility, and emergency contact form on file. Each child must have his or her own form on file.



**Medical
Information**

(Please
complete.
For use with
healthcare
providers.)

Child's Name:		Birth Date:	
Nick Name:		Faith Affiliation:	
Address line 1:			
Address line 2: (optional)		Home Phone:	
City	State:	Zip Code:	

**Parents'
Information**

Primary Contact

Parent/Guardian's Relationship to Child:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please indicate): <input type="checkbox"/>
Name:		Work Ph:	
Cell Ph:		Email:	
Address (if different from Child's):			
City	State:	Zip Code:	

**Secondary
Contact**

Parent/Guardian's Relationship to Child:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other (please indicate): <input type="checkbox"/>
Name:		Work Ph:	
Cell Ph:		Email:	
Address (if different from Child's):			
City	State:	Zip Code:	

**Emergency
Contacts
(please list 2)**

Name:	Name:
Cell Ph:	Cell Ph:

**Child's
Allergies &
Medical
Conditions**

Medication Allergies & Severity:	
Food/Environmental Allergies & Severity:	
Other Medical Info TLD/PDO and/or Emergency Medical persons should know:	

Y ☐ N ☐

Will child need EpiPen or something similar kept in the classroom in case of severe allergic reactions?



Parent's Day Out Program Emergency Information Form

Emergency
Agreement &
Authorization

Please read each statement & initial to indicate acceptance.

Initials

I understand that, in an emergency, I will be contacted immediately.

I agree that I will take appropriate action for my child.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate care, I authorize Trinity Lutheran Church Parent's Day Out Program Staff to call 911 and administer First Aid.

I agree that I will accept financial responsibility for any costs associated with Emergency Actions taken to protect my child, whether or not I was reached for authorization.

I hereby authorize the Trinity Lutheran Church Parent's Day Out Program staff to release a copy of this Emergency Information Form to healthcare providers treating my child in an emergency.

I hereby authorize the Trinity Lutheran Church Parent's Day Out Program staff to contact the doctor/hospital listed below.

Doctor:

Hospital:

Phone:

Phone :

Parent
Signature

Print

Sign

Date

Parent
Signature

Print

Sign

Date

PDO
Acceptance

Print

Sign

Date