



# LUTHERAN HIGH SUMMER CAMP FOR KIDS

## 2023 REGISTRATION FORM

**(Separate form needed for each child)**

Lutheran High School  
5200 S. 6<sup>th</sup> St. Frontage Road East  
Springfield, IL 62703  
217-546-6363

Each week the campers will take field trips, create artistic or craft items, participate in athletic events, and work with “quiet time” activities. Daily snack and milk at lunch will be provided. Travel expenses, entrance fees, and materials used will be covered by the weekly fee. Due to mine subsidence on our West Washington campus, Our Savior’s and Trinity Lutheran School grounds and facilities will be used throughout the summer as well as other sites in the Springfield area. Transportation will be provided by school buses. Each weekly schedule will be posted no later than Thursday or Friday of the previous week. A secondary payee insurance policy is included in the weekly fee, which covers accidents to campers. This company will pay most of the costs not covered by your regular accident/medical insurance.

Your camper will receive a free T-SHIRT. Please check one: (extra T-shirts available for \$5.00 each)

YOUTH S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ ADULT S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Check the sessions for which you are registering the child identified on the reverse side of this sheet. Registration is confirmed with the receipt of a **\$20 deposit for EACH week indicated** (8 weeks registered = \$160.00 deposit). Registration will be forfeited if a one-week notification of non-attendance is not given. After registration, the **balance** of the weekly tuition is due by Monday of the indicated week.

Week beginning:	June 5* _____ OS	June 26* _____ OS	July 17** _____ Trinity
	June 12* _____ OS	July 3** _____ Trinity	July 24** _____ Trinity
	June 19* _____ OS	July 10** _____ Trinity	

\*June 5, 12, 19 & 26 weeks—summer camp will be held @ Our Savior’s Lutheran School, 2645 Old Jacksonville Rd.  
\*\*July 3, 11, 18 & 25 weeks—summer camp will be held at Trinity Lutheran School, 515 S. MacArthur Blvd (you will drop off and pick up from the north side of campus off of Governor Street).

## VOYAGER GROUP – Wednesday Single Day Trip Only

Your **7<sup>th</sup> and 8<sup>th</sup> grade** child has the option of being a one-day camper. If there is room available in our buses, your camper can go on our once-a-week long trip for a one-time cost (cost is listed after trip). Registration is confirmed with the acceptance of a \$10 non-refundable deposit for each trip indicated. Please see Voyager Camp Policy for clarification of deposit return. The balance for the single day trip is due prior to leaving. Breakfast, lunch and snack provided.

**If your child IS SCHEDULED to attend all week, the amount for the single day trips is included in the weekly rate.**

___ June 7, Wed. – Springfield Area Activities, \$70 Billiards/movie/meals	___ July 5, Wed. – Edison’s Entertainment, Edwardsville, \$90
___ June 14, Wed. – CU Adventures, Champaign, \$110 Escape Room	___ July 12, Wed. – St. Louis City Museum, \$110
___ June 21, Wed. – Starved Rock State Park, Oglesby, \$110 Horseback riding & hiking trails	___ July 19, Wed. – Springfield Area Activities, \$70 Billiards/movie/meals
___ June 28, Wed. – Raging River Water Park, Grafton, \$110	___ July 27, <b>THURSDAY*</b> Paintball to Go, Roodhouse, \$110 *Note: this trip is on <b>Thursday</b> , NOT Wednesday

# REGISTRATION FORM

## LUTHERAN HIGH SUMMER CAMP FOR KIDS 2023

Fees: Ending Grades K-6 \$170.00

Ending Grades 7-8 \$175.00 (Voyager Group)

Dates: June 5 – July 28, 2023 (eight weeks)



CHILD'S NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DOB \_\_\_\_\_

(Separate form needed for each child)

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAD'S EMAIL \_\_\_\_\_ MOM'S EMAIL \_\_\_\_\_

DAD'S WORK PLACE \_\_\_\_\_ MOM'S WORK PLACE \_\_\_\_\_

DAD'S WORK PHONE \_\_\_\_\_ MOM'S WORK PHONE \_\_\_\_\_

DAD'S CELL/HOME PHONE \_\_\_\_\_ MOM'S CELL/HOME PHONE \_\_\_\_\_

EMERGENCY CONTACT/PICK-UP AND PHONE NUMBERS (other than parents):

Name \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_

Name \_\_\_\_\_ Phone (home/cell) \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE COMPLETED JUNE '23 \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ Phone \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_ Phone \_\_\_\_\_

INSURANCE NAME & NUMBER \_\_\_\_\_

MEDICAL ALERTS (Medical problems, medication allergies, food allergies, bee stings, asthma, hyperactivity, etc.) \_\_\_\_\_

MEDICATION TO BE TAKEN (Note Policy Statement) \_\_\_\_\_

PHYSICAL ACTIVITY LIMITATIONS \_\_\_\_\_

**MAY WE GIVE TYLENOL TO CHILD IF (REQUESTED) NEEDED?** \_\_\_\_\_

I have read, understood and agree to the policies of the **Lutheran High Summer Camp for Kids**. I understand that I will be assessed a late pick-up fee of \$5 per each 15 minutes following the 5:30 p.m. deadline per child involved.

I hereby give permission for **Lutheran High Summer Camp for Kids** staff to authorize emergency medical treatment in the event I cannot be reached by phone.

I accept the financial responsibility for any medical emergency treatment given to my child.

Parent's signature \_\_\_\_\_