

For Office Use Only:

\_\_\_\_\_ (date received)

\_\_\_\_\_ (total amount due)

\_\_\_\_\_ (payment amount)

\_\_\_\_\_ (current due)

\*\*\*\*\*

# Let Your Spirit Shine! Church of the Palms Elementary Summer Enrichment Camp

Elementary Camp is for children who will be entering Kindergarten - Grade 5 in the fall of 2010.

\* Registration forms will not be accepted without non-refundable registration fee of \$100.

\* Full Payment Deadline: May 15th, 2010. Please register early to assure a space for your child.

\* Use a separate application form for each child participating.

\* For additional information contact Laurie Haas (924-1323 x 220 or [lhaas@churchofthepalms.org](mailto:lhaas@churchofthepalms.org)) or Debby Wendell (924-1323 x 223 or [dwendell@churchofthepalms.org](mailto:dwendell@churchofthepalms.org)).

**1. Please fill out the following information:**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_ School \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Church of the Palms Member: yes \_\_\_ no \_\_\_ other church? \_\_\_\_\_

**2. Please check the week(s) your child will attend camp:**

	<u>THE SPIRIT OF...</u>	<u>SPECIAL ACTIVITY</u>
___ Week 1 June 7-11	Adventure	Babcock/Myakka
___ Week 2 June 14-18	Creativity	Disney Quest/Ringling
___ Week 3 June 21-25	Independence	Kayaking/Biking
___ Week 4 June 28-July 2	Respect	FL Aquarium/Mote Marine
NO CAMP July 5-9		
___ Week 5 July 12-16	Dedication	Vertical Ventures/Mini Golf
___ Week 6 July 19-23	Honesty	Train Ride/Pony Ride
___ Week 7 July 26-30	Wisdom	Coast Guard/Courthouse
___ Week 8 August 2-6	Courage	Rays Baseball/Bounce U
___ Week 9 August 9-13	Humor	Clowning/Movie

**NOTE:** Vacation Church School (available to 4 year olds through incoming 5<sup>th</sup> graders) will be August 16-19 (9-12). Extended hours are available. Call or check online for separate forms, costs, or more information.

**3. Please circle times:            9-3 (\$165)    8-3 (\$180)    9-5 (\$195)    8-5 (\$220)**

**4. Please circle for T-Shirt size:**

Child Small (size 4-6)	Child Medium (size 8-10)	Child Large (size 12-14)
Adult Small	Adult Medium	Adult Large

**(Please turn paper over to complete application)**

**5. Person to Contact in Emergency**

1. Parent/Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Parent/Guardian/Friend: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

3. Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**6. Medical History (Please circle)**

Allergies                      Illnesses                      Currently on Medication                      Diet Restriction

Please explain:

\_\_\_\_\_

Does your child have limitations that will require adaptations to the program or field trips?

(Yes) (No) Please explain:

\_\_\_\_\_

**7. Field Trip and General Release:**

Child's Name: \_\_\_\_\_ has my permission to attend all field trips included in the Summer Camp under the supervision of Church of the Palms. I have read, understand, and agree with the following conditions:

1. All campers will be participating in the field trips. If my child arrives late or leaves early, I will be responsible for taking him/her to and from the field trip site and making prior arrangements with the Camp Director.
2. Proper attire and sun protection will be needed and I will provide the aforementioned as necessary.
3. All campers shall follow the established program and guidelines. Any campers can and will be expelled from the program due to disciplinary misconduct, with no camp refund.
4. The undersigned parent and/or guardian, in consideration for Church of the Palms providing facilities, instruction and supervision in the registered activity, does hereby: (a) assume all risk of possible damage or injury involved through participation of my child in the registered activity, (b) request permission to have my child participate in the activity with full knowledge that said activity could result in damage or injury to the participant.
5. I give permission for use of photography including my child in church publicity. I give permission for Church of the Palms to contact me through my address, phone, cell phone, and/or email address.

**8. Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Please mail entire registration with payment to  
Church of the Palms Elementary Summer Camp 2010 – 3224 Bee Ridge Road – Sarasota, FL 34239**

**Church of the Palms  
“Equipping Disciples for the Service of Christ”  
(941-924-1323) www.churchofthepalms.org**