

Camp Date:

Payment:

SUMMER CAMP REGISTRATION

Child's First Name

Middle Initials

Last Name

Complete Address

Date of Birth

Gender

Grade Completed

Please List any allergies or special accommodations needed _____

Parent/Guardian Full Name

Relationship to child

Cell Phone#

Email Address

Emergency Person Other than Parent:

Name & Number _____

Authorized people other than you to pick up your child...

Contact Full Name & Number _____

Contact Full Name & Number _____

I hereby (DO/DO NOT) grant permission for Little Lambs Learning Center to display photographs of my child on the school website, Facebook, in the school building, by video and/or by any other method of communication. Please note: Your child's name will NOT be included with the photo on the website, Facebook and or outside of the classroom.)

Initials _____

I hereby release Little Lambs Learning Center/Shepherd of the Heart Methodist Church, in addition to the staff of LLC and SOTH, from any and all liability for injuries or illnesses, other than those which are a result of gross negligence on the part of the Staff of Little Lambs Learning Center and/or Shepherd of the Heart Church.

Signature _____