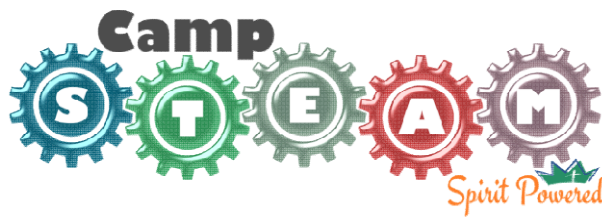


Application Form
June 3- July 26, 2019



Ages 5-12
Monday through Friday
9:00a.m.-4:00p.m.
Extended care available:
7:30a.m.- 5:30p.m.

Child's Name (Last, First)	Birth Date	Last Grade Completed
1.		
2.		
3.		

Home Address: _____

City: _____

Zip Code: _____

Child lives with: Please check one

Both Parents

Single Parent (Please Name) _____

Guardian (Please Name) _____

Parent Info.

Mother's Name: _____ **Cell #:** _____

Work #: _____

Email Address: _____ **Home #:** _____

I would like to receive the weekly newsletter via email. Send me Crown of Life's Church's monthly newsletter

Father's Name: _____ **Cell #:** _____

Work #: _____

Email Address: _____ **Home #:** _____

I would like to receive the weekly newsletter via email. Send me Crown of Life's Church's monthly newsletter

Emergency / Alternative Contact Person

Contact's Name: _____ **Cell #:** _____

Work #: _____

Relation to Camper: _____ **Home #:** _____

Authorized Pick Up/Release to Individuals (photo ID required)

Contact's Name: _____ Cell #: _____
Work #: _____
Relation to Camper: _____ Home #: _____

Contact's Name: _____ Cell #: _____
Work #: _____
Relation to Camper: _____ Home #: _____

Contact's Name: _____ Cell #: _____
Work #: _____
Relation to Camper: _____ Home #: _____

My child/ren will attend Crown of Life's Summer Camp the following weeks:
(Please use initials for multiple children attending different weeks.)

_____ June 3-7 _____ June 24-28 _____ July 15-19
_____ June 10-14 _____ July 1-5 (no school on July 4th)
_____ June 17-21 _____ July 8-12 _____ July 22-26

***CROWN OF LIFE CHRISTIAN ACADEMY IS CLOSED FROM JULY 29 - AUGUST 9
TO PREPARE ROOMS FOR THE FOLLOWING SCHOOL YEAR!***

My child/children will attend _____ days per week.

Please mark:

Half Days- 9:00-1:00 _____
3 days- 9:00-4:00 _____
5 days- 9:00-4:00 _____
(can arrive at 8:45)

Will need extended care: _____ Before Care _____ After Care

Please note: You are financially responsible for the weeks you sign up for.

Registration Fee and Weekly Fees:

Registration Fee: \$50.00/child (non-refundable- used to cover supplies, events coming in, etc.)

Weekly Fees: For 1 week: \$175.00/week
 For 2 or more weeks: \$150.00/week
 3 full days- 9:00-4:00- \$110.00/week
 Half day- 9:00-1:00- \$100.00/week
 Before and after care is \$5.00/ hour
(Due each Monday morning of Camp)

Referral Credit: \$25.00/new family referred (credited upon new family enrollment)

BY SIGNING BELOW I AM AGREEING TO OR ACKNOWLEDGING THE FOLLOWING:

- Crown of Life Camp is a ministry of Crown of Life Lutheran Church and Academy. My child will be taught Bible truths. This will include the belief that Jesus Christ alone is our salvation and a proper relationship with God exists only through Him.
- Registration fee (non-refundable) is due for each child with this application.
- Weekly fees are due on Monday morning of each week of enrollment or a \$5/day late fee will be assessed. Late pick up fees after 5:30 pm are to be paid by the following Monday at \$5/ 10 minutes past 5:30 pm.
- There is a \$35 fee for any returned checks.
- Parent or parent's authorized person must sign child/children in and out each day. (Children cannot sign themselves in.)
- I give Crown of Life's Camp permission for my child/children to take part in all camp activities.
- I give Crown of Life permission to use photos of my child participating in Camp STEAM activities in the school's promotional efforts and/or educational purposes (including weekly newsletters, publications, presentations, internet and other media sources). Please check one:

_____ Yes, I give permission. _____ No, I do not give permission.

(Parent's printed name)

(Parent's signature)

(Date)

- **I give permission for my child/children's camp counselor(s) and/or other agents of Crown of Life to use principles and discipline as set forth in the Scriptures. I understand that the camp reserves the right to dismiss any child, after consultation with parents/guardian, if the child does not conform acceptably to regulations and policies. I also understand that if I withdraw my child/children from the camp for any reason, I will make arrangements to pay any debts incurred up to the date of withdrawal.**
- Crown of Life Camp is operated as a non-profit institution by Crown of Life Lutheran Church and Academy and is staffed by those whose aim is to benefit the child. Attendance is a privilege. Therefore, by signing this agreement, I am pledging loyalty to the ideals and aims of the camp and will bring any and all questions and criticisms of the camp directly to the administration that they may be weighed and considered properly. Your cooperation is appreciated.
- I agree to hold harmless and relieve Crown of Life Christian Academy and Crown of Life Lutheran Church, its officers, teachers, pastor, and other person employed by them of any and all liability for injury or accident occurring while on the school or church premises or elsewhere, regardless of the cause.

Parent/Guardian Signature _____ Date: _____

What is due with this application?

- 1) Registration Fee
- 2) Medical Form
- 3) Birth Certificate
- 3) Immunization Form
- 4) Health Form

(If your child/children attended COL Academy, we can transfer #3-5 from their file)

Lunch and Snacks:

Children are asked to provide a nutritious morning and afternoon snack along with a lunch daily. A microwave will be available for use.

Things to Bring:

- _____ **Water Bottle every day**
- _____ **Sunscreen**
- _____ **Swimsuits and towels for Water Days (Held every Friday)**
- _____ **2 snacks and 1 lunch (Microwave is available)**