



# FAITH LUTHERAN

## Application for Camp

PLEASE COMPLETE ALL INFORMATION

Camper's Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F  
Month / Day / Year

( ) Returning Camper ( ) New Camper, how did you hear about Faith? \_\_\_\_\_

Most recently completed school grade (circle one):  
ECE 2 – ECE 3 – ECE 4 – TK - KG TN – 1 – 2 – 3 – 4 – 5 – 6

T-shirt size (circle one) Youth S M L Adult S M L XL

School Attended \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ School Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City ZIP

*Please indicate best number to contact in case of emergency*

Home Telephone # \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_  
E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_  
E-mail: \_\_\_\_\_

FAMILY ENVIRONMENT (Check all that apply)

Names, Ages & Grades of Siblings

- |                     |                                |       |
|---------------------|--------------------------------|-------|
| ( ) Parents Married | ( ) Parents Divorced/Separated | _____ |
| ( ) Father Deceased | ( ) Father Remarried           | _____ |
| ( ) Mother Deceased | ( ) Mother Remarried           | _____ |
| ( ) Other _____     |                                | _____ |

Child lives with \_\_\_\_\_

**CAMPER INFORMATION**

Has your child been tested for an Attention Deficit Disorder, Learning Disability, Behavior Disorder or other related condition? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

Please comment on any physical disability or condition, allergies, regular medication or other conditions that may limit your child's activity. \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been suspended or dismissed from school or been severely disciplined for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**FAMILY WORSHIP LIFE** (does not affect enrollment)

Does child attend church regularly? ( ) Yes ( ) No If Yes, where? \_\_\_\_\_

Is child Baptized? ( ) Yes ( ) No Child's Baptism Date: \_\_\_\_\_

If child is not Baptized, would you like him/her to be? ( ) Yes ( ) No

**Father's Church Home Information:**

Name of Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Church Address \_\_\_\_\_ Church Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Denomination \_\_\_\_\_

**Mother's Church Home Information:**

Name of Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Church Address \_\_\_\_\_ Church Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Denomination \_\_\_\_\_

Would you like to learn more about Faith Lutheran Church? \_\_\_\_\_

**BEHAVIOR STANDARDS:** All children attending Camp Faith are expected to maintain reasonable and acceptable standards of conduct and classroom demeanor and be regular in scheduled attendance. Camp Faith reserves the right to dismiss, suspend or otherwise discipline any camper who does not adhere to these standards stated after parents have been notified of issues and all corrective measures have been exhausted.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:** Camp Faith requests your permission to photograph or video your child during the summer in various activities. Photos and/or videos will be used for possible promotional materials for Camp Faith and our Web Page. Please sign to grant Camp Faith permission to photograph or video your child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information shared on this application is true to the best of my ability. I realize if I have falsified any information, this could lead to the removal of my child from Camp Faith.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS** (When **parents** cannot be reached, we **MUST** have **two alternate** contacts, to whom children **may** be released):

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

**PHYSICIAN** to be contacted when parents and emergency contacts cannot be reached. If there is no physician, please write "NONE" on the line below.

Name	Address	Phone
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**PEOPLE TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN THE PARENTS/GUARDIANS AND EMERGENCY CONTACTS)** PLEASE NOTE WE NEED FULL ADDRESSES, IN ORDER TO VERIFY IDENTIFICATION.

Our child may be released to the individuals signing this agreement, the above-listed people, and to the following individuals:

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

  

Name	Address	
Home Phone	Work Phone	Cell Phone

Please list any allergies, regular medication, health limitations, physical disability or condition, or mental retardation or developmental disabilities, which might restrict your child's diet or activities:

\_\_\_\_\_

\_\_\_\_\_

In the event I/we cannot be reached, I grant permission for a school representative to authorize emergency treatment and to transport my child to \_\_\_\_\_ Hospital or to our family doctor. I will assume full responsibility for all charges related to the above.

From time to time a Camper may have a condition easily treated by over-the-counter medications, without contacting a parent. In such cases I hereby give permission to FLS Staff to administer the following medications to my child, in accordance with package directions. My child weighs approx. \_\_\_\_\_ pounds. **(Please circle all those which may be given to your child.)**

Acetaminophen (ex. Tylenol®)	Ibuprofen (ex. Advil®)	Diphenhydramine (ex. Benadryl®)
Antibiotic Cream (ex. Neosporin®)	Cortizone Cream (ex. Cortaid®)	Cough drops (eg. Hall's®)

*Authorization valid for 6- thru 12-yr-old children only*

\_\_\_\_\_  
(Parent's Signature)

If not signed, written permission will be required each time medication is to be dispensed to the Camper. Forms are available in the school office and on the school website.

