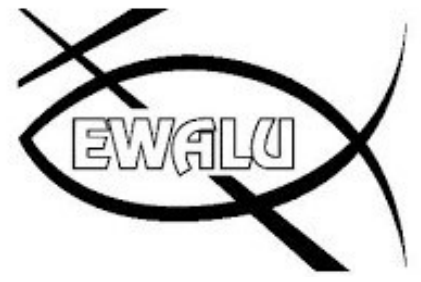




TRINITY DAY CAMP
in Partnership with EWALU Bible Camp
 (for children who have completed
 Kindergarten through 5th Grade)



CAMPER REGISTRATION FORM

Where: Trinity Lutheran Church of Pleasant Valley
 18137 Criswell Street, Bettendorf, Iowa 52722

When: Monday, June 10 through Thursday, June 13 (9:00 a.m. to 4:00 p.m. each day)
 (Lunch and snacks provided)

Questions? **Trinity Phone:** 563-332-5188 **Email Address:** office@trinitylcpv.com

Last Name _____ First Name _____

Gender _____ Birth Date __/__/__ Grade Completing ____ Graduation Year _____

Child's Address _____

City _____ State _____ Zip _____

Home Congregation _____ Town _____

Parent/Guardian Information

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Email _____ Email _____

Phone 1 (Type of) _____ Phone 1 (Type of) _____

Phone 2 (Type of) _____ Phone 2 (Type of) _____

In case of Emergency, contact (*other than parents*): Name(s) _____

Phone(s) _____ Relationship _____

Registration Fee: \$65.00 per child.

To enroll your child, return to Trinity Lutheran Church no later than May 5, 2024, this completed Registration Application, the completed Health Information Form that is found on the reverse side, and the required Registration Fee. This Registration Application and the Health Information must each be separately signed and dated by the authorized parent or guardian. If you wish to enroll more than one child, a separate Registration Application and Health Information Form must be completed for each child. Except as needed to properly administer the Day Camp, Trinity will keep all information provided in this Registration Application and the Health Information confidential.

Because there are only 36 spots available, Trinity reserves the right to deny enrollment and return any registration fee submitted. Trinity will confirm your child(ren) is/are enrolled within 5 business days after receipt of Registration Application and Fee. Once enrollment is accepted, the Registration Fee becomes non-refundable. If enrollment is denied, the registration will be returned.

Trinity may, in its sole discretion, allow enrollment of children who have completed preschool and will be entering Kindergarten. Contact the Pastor or Church Office at Trinity to inquire.

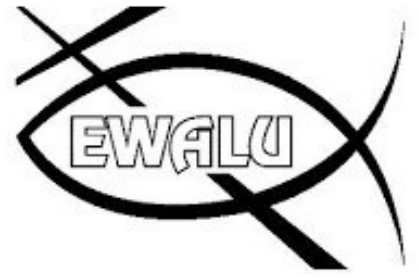
To my best knowledge, all information provided above is correct. It is my responsibility to provide Trinity Lutheran Church with written notification of any changes in the information provided.

_____ Date _____
 (signature of parent or guardian)

(ALSO COMPLETE AND SIGN HEALTH INFORMATION FORM ON BACK OR ATTACHED)



TRINITY DAY CAMP
in Partnership with EWALU Bible Camp
 (for children who have completed
 Kindergarten through 5th Grade)



CAMPER HEALTH INFORMATION FORM

Where: Trinity Lutheran Church of Pleasant Valley
 18137 Criswell Street, Bettendorf, Iowa 52722

When: Monday, June 10 through Thursday, June 13 (9:00 a.m. to 4:00 p.m. each day)
 (Lunch and snacks provided)

Questions? Trinity Phone: 563-332-5188

Email Address: office@trinitylcpv.com

Last Name _____ First Name _____

Gender _____ Birth Date __/__/__ Grade Completing _____ Graduation Year _____

Child's Address _____

City _____ State _____ Zip _____

Home Congregation _____ Town _____

Parent/Guardian Information

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Email _____ Email _____

Phone 1 (Type of) _____ Phone 1 (Type of) _____

Phone 2 (Type of) _____ Phone 2 (Type of) _____

In case of Emergency, contact (*other than parents*): Name(s) _____

Phone(s) _____ Relationship _____

Health History & Insurance Please continue on **reverse side** or **attach pages** if needed.

1. Date of Last Health Examination _____

2. Immunizations (*circle Yes or No*): DPT Y / N Measles-Rubella Y / N Polio Y / N
 Hepatitis B Y / N Varicella Y / N Date of Tetanus Shot _____

3. Skin Diseases Y / N, If Yes, please explain _____

4. Allergies (food, drugs, hay fever, insects, etc.): Y / N If Yes, please explain _____

Medical Diet Needs: Nut allergy Gluten-free Dairy-free Vegetarian Other: _____

5. Medications & Treatments: List all current or ongoing treatments or medications, including dosage: _____

6. List any physical, psychological, or other conditions that may restrict the child's participation in camp activities: _____

To my best knowledge, all information provided above is correct. It is my responsibility to provide Trinity Lutheran Church with written notification of any changes in the information provided. I authorize Trinity staff to secure emergency medical treatment deemed necessary. In case of emergency, Trinity will contact Parents/Guardians or other contact person named herein as soon as practical. In the event of accident, injury, or illness, the child's health insurance provided by the child's parents or guardians will be primary.

 (signature of parent or guardian)

Date _____