



LEAPP Frog Day Camp - January 16 and February 20, 2012

Grade K-4 (currently enrolled)

9:00AM - 3:00PM

\$15.00/child per day OR \$25.00 / child for BOTH days!

Extended Day 7:30AM - 9:00AM \$3.00/child

In these day camps, campers will explore what it means to be a super hero in the name of God! They will have fun playing games, creating crafts, and learning about the amazing gifts God has given each of them!

Camper's Name _____

Grade Currently Enrolled In: K 1 2 3 4 (circle one)

Parent(s) Name _____ Home Phone _____

Cell Phone _____ Email _____

Street Address _____ City/Zip _____

In case of emergency and parent/s can not be reached - please contact: _____

Phone _____ Relationship _____

I would like to register for: (Circle all that apply)

January 9-3pm January Extended day 7:30-9,

February 9-3pm February Extended day 7:30-9

My child has permission to participate in all LEAPP FROG Day Camp activities.

Parent's Signature _____ Date _____

Amount Enclosed \$ _____

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Notes to Parents: *The following information applies to BOTH January and February dates!*

- Camp drop off begins at 9:00 AM, and pick up is at 3:00 PM.
- Please bring a sack lunch labeled with your child's name—NO PEANUT PRODUCTS!**
- Have your child wear tennis shoes
- 2:30PM - please join us in our closing worship to celebrate a fun day!

Medical Information

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Bethlehem Lutheran Church of St. Cloud, Minnesota permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Bethlehem Lutheran Church. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Bethlehem Lutheran Church from liability in acting on my behalf in this regard so long as Bethlehem Lutheran Church is not grossly negligent.

Child's Name _____ Date of Birth _____

Doctor or Healthcare Clinic name _____

Phone _____

Current Medications _____

Please list any allergies or other pertinent medical or behavioral concerns that we should be aware of so that we can work to provide a positive experience for your child:

I believe the above information to be current and accurate information to the best of my knowledge.

Signature _____ Date _____

*Day camp staff cannot administer medication during the day. A parent would need to come if this is needed.