

St. Andrew Summer Camp Registration Form 2009

One form per camper

Name _____ Date of Birth _____

Mailing Address _____ Grade in Fall 09 _____

Email _____

Please register my child for: (check one - one form per camper)

_____ Beach Camp (6th - 9th graders) July 6th to 10th 10:00 a.m. - 3:00 p.m.

_____ Kinder Camp (3-5 year olds) July 13th to 17th ... 9:00 a.m. - 1:00 p.m.

_____ Day Camp (1st - 5th graders) July 27th to July 31st 9:00 a.m. - 3:00 p.m.

(\$105 per camper, 2nd & 3rd child in Family \$90)

Registration Deadline is June 1, 2009 Fee increases to \$150 after June 1, 2009

T-Shirt Size: (check one size only)

Youth M

Youth L

Adult S Adult M

Adult L

Adult XL

Adult XXL

For registration forms received after June 1st the following sizes will be ordered:

*Kinder Camp - Youth M *Day Camp - Youth L *Beach Camp - Adult L

Parent's Name(s) _____ Home Phone _____

Work Phone _____

Emergency Contact (*during camp hours*) _____ Ph# _____

My child is ALLERGIC/ ACTIVITY limitation _____

People Authorized to pick your child:

Name _____

Name _____

Name _____

If I or my emergency contact person are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____

Please return to: St. Andrew Summer Camps

P.O. Box 1259 Tel. # 322-0088

Charlestown, RI 02813

Additional forms available on the web site www.standrewri.org

For Office Use Only

Check # _____ Amount _____ Date _____ # of Children _____

_____ \$105 for 1st child *if paid by 6/1/09* _____ \$90 for 2nd child _____ \$90 for 3rd child

Of Same family

_____ **\$150.00 for 1st child if paid after 6/1/09** _____ **\$105 for 2nd child** _____ **\$105 for 3rd child**

Please make checks payable to St. Andrew

We're Sorry, No Refunds