

# 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 (6<sup>th</sup> - 9<sup>th</sup> graders) ..... July 6<sup>th</sup> to 10<sup>th</sup> 10:00 a.m. - 3:00 p.m.

\_\_\_\_\_ Kinder Camp (3-5 year olds) ..... July 13<sup>th</sup> to 17<sup>th</sup> ... 9:00 a.m. - 1:00 p.m.

\_\_\_\_\_ Day Camp (1<sup>st</sup> - 5<sup>th</sup> graders) ..... July 27<sup>th</sup> to July 31<sup>st</sup> 9:00 a.m. - 3:00 p.m.

(\$105 per camper, 2<sup>nd</sup> & 3<sup>rd</sup> 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 1<sup>st</sup> 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](http://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 3<sup>rd</sup> child

Of Same family

\_\_\_\_\_ **\$150.00 for 1<sup>st</sup> child if paid after 6/1/09**      \_\_\_\_\_ **\$105 for 2<sup>nd</sup> child**      \_\_\_\_\_ **\$105 for 3<sup>rd</sup> child**

*Please make checks payable to St. Andrew*

**We're Sorry, No Refunds**