

# St. Andrew Summer Camp Registration Form 2011

*One form per camper*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

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

\_\_\_\_\_ Kinder Camp (3-5 year olds) ..... July 5<sup>th</sup> to 8<sup>th</sup> (4 days) 9:00 a.m. - 1:00 p.m.

\_\_\_\_\_ Beach Camp (6<sup>th</sup> - 9<sup>th</sup> graders) ..... July 18<sup>th</sup> to 22<sup>nd</sup> 10:00 a.m. - 3:00 p.m.

\_\_\_\_\_ Day Camp (1<sup>st</sup> - 5<sup>th</sup> graders) ..... July 25<sup>th</sup> to July 29<sup>th</sup> 9:00 a.m. - 3:00 p.m.

(\$110 per camper, 2<sup>nd</sup> & 3<sup>rd</sup> child in Family \$95)

**Registration Deadline is June 1, 2011      Fee increases to \$125 after June 1, 2011**

**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 \_\_\_\_\_

\_\_\_\_\_ \$110 for **CASH /CHECK**      \_\_\_\_\_ \$95 for 2nd child      \_\_\_\_\_ \$95 for 3<sup>rd</sup> child

\_\_\_\_\_ **Credit Card #** \_\_\_\_\_ exp \_\_\_\_\_

\_\_\_\_\_ \$115 for 1st child **CREDIT CARD**      \_\_\_\_\_ \$95 for 2nd child      \_\_\_\_\_ \$95 for 3<sup>rd</sup> child

\_\_\_\_\_ **\$125.00 for 1<sup>st</sup> child if paid after 6/1/11**      \_\_\_\_\_ **\$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***