

Location: **Faith Lutheran Church**
 2200 S. High Street
 Bloomington, IN 47401 812-332-1668
 faithlutheranbloomington.org

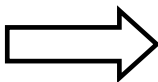
Spirit Camp 2012



Dates: Monday – Thursday, **July 23-26**, 2012

Classes: Age 3 – Kindergarten: **9:00 am—11:30 am**
 (potty trained)
 Grades 1-6: **9:00 am—2:00 pm** (bring a sack lunch)

Cost: full day: \$25/child
 half day: \$20/child



Early Registration Deadline: Sunday, June 3 (discount of \$5/child)

This four-day experience is more than a Vacation Bible School!

It's an opportunity for children to enjoy Christian fellowship as they participate in four kinds of activities each day:
 Bible lessons, crafts, recreation, worship and praise.

Go on an amazing desert journey with Jesus!

Plus... bread-making...T-shirts...and Thursday evening pitch-in and program for the entire family.



Spirit Camp 2012 Registration

Please complete both sides

This form may be used to register one, two or three children from the same family. Cut off the top of this page and keep it as a reminder. Complete both sides of the form and attach full payment. Friends are welcome – all children are invited to attend. Make checks payable and submit this lower half to: *Faith Lutheran Church, 2200 S. High St, Bloomington, IN 47401.*

| | | |
|--|--|--|
| Name _____ Nickname _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 Boy ___ Girl ___ <input type="checkbox"/> Special needs/info (explain on back) T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M (Register by June 3 to guarantee shirt size) Fee (see top of page): \$25 \$20 \$15 | Name _____ Nickname _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 Boy ___ Girl ___ <input type="checkbox"/> Special needs/info (explain on back) T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M (Register by June 3 to guarantee shirt size) Fee (see top of page): \$25 \$20 \$15 | Name _____ Nickname _____ Birth date ____/____/____ Entering: pre (3) pre (4/5) Kindergarten Grade 1 2 3 4 5 6 Boy ___ Girl ___ <input type="checkbox"/> Special needs/info (explain on back) T-shirt size: Youth S (6-8), M (10-12), L (14-16); Adult S, M (Register by June 3 to guarantee shirt size) Fee (see top of page): \$25 \$20 \$15 |
|--|--|--|

Parent(s) Name(s) _____

Email (for Spirit Camp purposes only) _____

Home Address _____ City/State/Zip _____

Telephone: Home _____ Work _____ Cell _____

Home church _____

Photos will be taken at Spirit Camp. One photo of each child will be used for a take-home craft project. Others may be displayed inside the building (slide show or bulletin board) or on the church website, always without names.

You may use my child's photo *inside the building*.

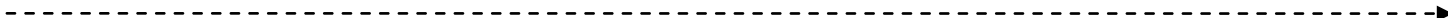
Y N

You may post my child's photo *on the website*.

Y N

Signature of parent or guardian _____ Date _____

OVER



This information must be completed

Individualized special notes:

Food Allergies: *Bread will be provided every day, and the elementary children will bring their own lunches. If your child has a food allergy, please indicate that here, talk with the Spirit Camp director before camp, and provide snacks from home, for your child's safety. We will make every effort to prevent exposure to food allergens, but will not be able to guarantee it.*

Other Allergies (*bee stings, medications, etc*):

Other medical information we should know about:

Special needs/accommodations, or something else we should know in order to best serve your child:

Emergency Information

In the event of an emergency, the Spirit Camp staff will first try to contact the parents at the phone numbers listed on the other side of this form. Please list an alternate contact person, in case the parents cannot be reached:

Name _____ 9:00-2:00 p.m. Phone _____

If I cannot be reached in an emergency, I hereby give permission to the staff of Spirit Camp to provide necessary treatment for the child(ren) named above. Our physician is _____ Phone _____

Signature of parent or guardian _____ Date _____

Daily Pick-up

For your child's safety, please list the name(s) of the adult(s) – including parents - who will be picking your child up each day in the designated area. If your child will be picked up by someone not on this list, please contact the Spirit Camp coordinator before the time of pick-up.

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

For Office Use:

| | | | | |
|------------------|------------------|------------|--------------|----------------|
| Date Paid: _____ | Amount: \$ _____ | Cash _____ | Check# _____ | Rec'd by _____ |
|------------------|------------------|------------|--------------|----------------|