
Other Medical issues we need to be aware of: (health conditions, speech, hearing, vision issues etc.)

In case of an emergency, or if I (parent/guardian) cannot be reached to pick up my child, I hereby authorize the following person(s) to pick up my child. For the safety of your child please be informed that we will require photo identification from the parties listed below.

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Cell Phone: _____	Cell Phone: _____

The following person(s) may NOT remove my child from this event

Name: _____	Name: _____
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PROGRAM DATES, TIMES, AND FEES

Fees are payable in advance with enrollment

Program Dates:	July 20 – 24 and 21 – 31, 2009
Program Time:	8:00 a.m. – 3:00 p.m
Program Fees:	\$10.00 Registration fee per child (more than 2 children, each additional child will be \$5.00 to register) \$15.00 per day, per child

Please check days that your child will be attending SONshine Summer Camp

Week 1: July 20 – 24, 2009

___ Mon. July 20	___ Tues. July 21	___ Wed. July 22	___ Thurs. July 23	___ Fri. July 24
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Week 2: July 27 – 31, 2009

___ Mon. July 27	___ Tues. July 28	___ Wed. July 29	___ Thurs. July 30	___ Fri. July 31
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Please initial;

- ❖ _____ I understand nutritional food and beverage snacks will be provided each day to my child (one snack in the morning, one in the afternoon) by Hosanna Lutheran Church SONshine Summer Day Camp.
- ❖ _____ I understand children **will need** to bring their own "ready-to-eat" lunch to camp each day they are enrolled. (Hosanna Lutheran Church SONshine Summer Day Camp will provide beverages of juice, water and/or milk.)
- ❖ _____ I understand that my minor child will NOT be released to any person except for parent/guardian without written notice.
- ❖ _____ I understand that I as a parent/guardian will be signing my minor child(ren) IN and OUT of this SONshine Summer Day Camp each day they are in attendance.
- ❖ _____ I recognize that as part of the many fun and faith building activities at Hosanna's SONshine Summer Day Camp my child may be photographed and their likeness may be used for publication (not-for-profit) uses.
- ❖ _____ I understand that I am responsible for all enrollment fees pertaining to the days I have enrolled my child and said fees are **due upon registration**.

I, the undersigned parent/guardian for the enrolled minor child listed on this form, give my permission for my child/ward to attend Hosanna Lutheran Church's SONshine Summer Day Camp during the days/dates/times of which I have chosen on this form.

Signed: _____

Date: _____