



Camp Trinity 2019 Summer Tuition Schedule
Camp Hours: 7:00 a.m. – 6:00 p.m.

Registration Fee

Early Registration

- 75.00 per child, non-refundable and due with complete application by March 29, 2019

Late Registration

- 100.00 per child, non-refundable and due with complete application after March 29, 2019

Weekly Rates

- Weekly rates include the cost of all field trips, activities, daily hot lunches and two daily snacks.

Full Week

- \$190.00/wk, 1st child
- \$160.00/wk, 2nd child

Partial Week

- \$130.00, 3 full days
- No sibling rate available

Drop-In Rate

- \$60/per day
- Full days only
- No sibling rate available

Note: There is an additional fee of \$1.00 per minute if you drop your child off before 7:00 a.m. or if you pick your child up after 6:00 p.m.

Child's Name: _____
Print

Camp Trinity Dates

Please select the week(s) below that your child(ren) will attend:

- | | |
|---|--|
| ____ June 3 – June 7 | ____ July 8 – July 12 |
| ____ June 10 – June 14 | ____ July 15 – July 19 |
| ____ June 17 – June 21 | ____ July 22 – July 26 |
| ____ June 24 – June 28 | ____ July 29 – Aug 2 <i>*last week</i> |
| ____ July 1 – July 5 <i>*closed 7/4</i> | |

Notice of Cancellation: If you sign up for a week and then find you are unable to attend, you must notify TLS Camp Trinity Director, Jenny Leon at jenny.leon@trinitydowntown.com, **by 1:00pm Thursday prior to the week signed up.**

Notes:

The list of field trips, dates and permission form will be available by April 1st.
There may be a field trip that has an additional fee. Information will be available by April 1st.

Camp Trinity Acknowledgements

- I have read and reviewed Trinity's 2019 Summer Camp Tuition Schedule.
- I agree to have my child's weekly camp tuition deducted from the account of my choice on the Friday **before** my child attends camp.
- I understand that the registration fee must accompany this application is non-refundable.
- I have completed and turned in my Tuition Express form.
- I understand that If I need to change my child's attendance, I will email jenny.leon@trinitydowntown.com by 5:00 p.m. on the Thursday prior to the week my child is signed up to attend.
- I understand that Trinity does not offer refunds on Camp Trinity payments.
- I understand that if the credit or debit payment through Tuition Express does not clear on the Tuesday of the week of camp, I will bring a cash payment for my child to continue attending camp that week.
- I agree to drop my child off no earlier than 7:00 a.m. and pick my child up no later than 6:00 p.m.
- I understand that if my child arrives before 7:00 a.m. or is picked up after 6:00 p.m., there is a late fee of \$1.00 per minute. These fees will be billed at the time of the next weekly billing (Friday).
- I understand that I must sign my child in upon drop off and sign out upon pick-up each day of camp.
- I give permission for my child to participate in all scheduled school/church activities anywhere on the property of Trinity Lutheran Church and School. In consideration of the permission granted for my child to attend and participate in such scheduled activities, I hereby release and discharge Trinity Lutheran Church and School, its agents, employees and officers from all claims, demands, actions, judgements, and executions which the undersigned, the undersigned's heirs, executors, administrators and assigns may have, or claim to have, against Trinity Lutheran Church and School, its staff, administrators, employees, volunteers, and their respective successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.
- I understand that I must complete one application per child.
- I give Trinity Lutheran School permission to call emergency personnel to transport my child to _____ hospital, or the nearest hospital in the event of an emergency, at the expense of my child's family should emergency contacts not be reached.

Parent Signature: _____ Date: _____



TRINITY
LUTHERAN SCHOOL
FROM INFANTS TO 8TH GRADE

2019-2020 Summer Camp Application

Child Information

Child Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Medical Conditions/Health Concerns/Allergies:

Doctor Name: _____ Phone: _____

Parent /Guardian Information

Parent/LegalGuardian1: _____	Home Phone: _____
E-Mail: _____	OfficePhone: _____
	CellPhone: _____

Parent/LegalGuardian2: _____	Home Phone: _____
E-Mail: _____	OfficePhone: _____
	CellPhone: _____

(The office must have a copy of any custody agreements or divorce papers stating visitation and custody rights on file in the office.)

Child's Name: _____

Year: _____

Emergency Contact Person (other than parent/legal guardian):

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Persons Authorized to Pick-Up Child (Please list anyone that is NOT a parent or legal guardian):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

*In the event that your pick-up list changes, you must send signed notifications to the front desk or the camp Director.

Camp Trinity Photo/Video Release Authorization

Child's Name _____

Please initial each of the following statements:

____ I grant permission for the staff of Trinity Lutheran Church and School (including Camp Trinity and Peace Comfort Dog) to photograph and/or video my child to use those photographs/videos both inside and outside the campus for purposes of Trinity marketing or in Trinity displays, exhibits or on bulletin boards.

____ I acknowledge and grant permission to the following statement:

When Trinity students are engaging in community outreach in a public venue or on campus, it is possible that local news media may attend to cover the story. If they do, it's possible that they would take photos and/or video to share with the public. Personal student information will not be shared with these venues or media outlets.

____ I grant permission for the staff of Trinity Lutheran Church and School (including Camp Trinity and Peace Comfort Dog) to display my child's artwork both inside and outside the campus for purposes of Trinity marketing or in displays, exhibits or on bulletin boards.

____ I understand that any artwork created by my child that is displayed publicly may be labeled with only my child's first name and age and will not be labeled with my child's last name.

Parent Signature: _____ Date: _____