

2017 Summer Camp Registration

Child's Name: _____ Age: _____

Date of Birth: _____ Allergies/Health Concerns: _____

Address: _____

Potty Trained?: _____

Emergency
Contact: _____

We must have a contact number of someone who is reachable during camp hours.

I authorize St. Philip Lutheran Preschool to provide care for my child(ren) during summer camp. I understand this care will include science experiments and water play as deemed appropriate by the providers of St. Philip Lutheran Preschool. I agree to provide my child with a snack, lunch and water bottle each day they are attending summer camp.

Parent Name (Printed): _____

Parent Signature: _____

Summer Camp Information

Please detach and retain for your records

Dates: June 12- August 3,2017

Summer registration needs to be turned in by May 26th to ensure proper staffing.

Time: 9:00am-1:00pm

Location: St. Philip Lutheran Church

8115 Williamson Road Roanoke VA 24019

Price: 2 days a week \$120/month

3 days a week \$135/month

4 days a week \$150/month

Contact Information:

Mrs. Danielle Murray

540-529-5623