



Summer Camp Registration Form

Immanuel Lutheran School, Macomb Michigan 48044 #586-286-7076

Today's Date _____

Reg fee \$15 _____

Camper's name Age *Please circle days & check times when attending: M T W Th
 AM PM Half Day (3-5 Hours) Full Day (6-10 Hours)

Sibling Camper's Name Age *Please circle days & check times when attending: M T W Th
 AM PM Half Day (3-5 Hours) Full Day (6-10 Hours)

Dad's email

Mom's email

_____ Address	_____ City	_____ Zip Code	_____ Home phone #
_____/_____/_____ Birthdate	_____ Grade just completed	_____ School the child will attend in the fall	_____ School District
_____/_____/_____ Birthdate	_____ Grade just completed	_____ School the child will attend in the fall	_____ School District

***Please number in box below before parent's name: 1, 2, 3 for who to contact first:**

[] _____
Father's Name Employer Days / Hours Cell #

[] _____
Mother's Name Employer Days / Hours Cell #

[] _____
Step Parent/Grandparent Name Employer Days / Hours Cell #

*Please list below Alternate emergency contact & names of other adults that may be picking up or dropping off:

- Does your child have allergies? ___ Yes ___ No If yes, *we will need more info.*
- If your child will take medication during the time they are at camp, *we will need more info.*
- Any defect of vision, speech or hearing that we need to know? If so, *we need more info.*
- The campers will be kept very busy with many activities each day. Is there any physical handicap that would limit your child's participation? *If so, we need more info.*

(please use backside if more info is needed)

Contact Tammy Joyce for more information at tjoyce@immlutheran.org

*If you would like more information on Immanuel, you can go to our website www.immlutheran.org. If questions or would like a tour of the facility, contact the school office at 586-286-7076. The church office is located in the school building and is open daily from 8:00 am – 4:00 pm.