

**St. Luke's Challengers Summer Camp 2017  
Registration Form**

<b>CHALLENGERS STAFF:</b>
Date Received: _____ Date Deposit(s) Received: _____ Date Balance Received: _____

**CHILD'S INFORMATION**

**Child's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_ Gender: M / F  
T-Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L

**PARENT/GUARDIAN INFORMATION**

**Parent's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Additional Emergency Contacts:**

Please list any additional person(s) authorized to pick up your child in your absence.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

List any known allergies: \_\_\_\_\_  
List any foods your child should avoid: \_\_\_\_\_  
List any medications your child should avoid: \_\_\_\_\_  
List any medications your child is currently taking: \_\_\_\_\_  
Please detail any additional health information that staff may need to know about while caring for your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

St. Luke's Challengers has my permission to seek emergency medical care for my child if needed.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### ATTENDANCE

Please select the camp sessions your child will attend:

- |   |                 |       |
|---|-----------------|-------|
| <input type="checkbox"/> Game On! (closed 5/29)         | May 30-June 2   | \$160 |
| <input type="checkbox"/> VBS/Italy Then & Now           | June 5-June 9   | \$170 |
| <input type="checkbox"/> Sky's the Limit                | June 12-June 16 | \$170 |
| <input type="checkbox"/> Culinary Creations             | June 19-June 23 | \$190 |
| <input type="checkbox"/> News Flash                     | June 26-June 30 | \$170 |
| <input type="checkbox"/> Chill Out (closed 7/4)         | July 3-July 7   | \$160 |
| <input type="checkbox"/> Masterpieces: Artists & Actors | July 10-July 14 | \$180 |

Pay for the sessions in full by May 8 and receive 10% off!

**Savings up to \$120!**

### PERMISSION FOR SPECIAL ACTIVITIES

Many of our camp sessions include a special activity such as a field trip or a PG movie that requires permission. You must provide permission for your child to participate in these activities to register for camp sessions. Field trips are subject to change, and parents will be notified if a field trip destination changes.

<u>Camp Session</u>	<u>Field Trip</u>	<u>Movie</u>
Game On!	Memphis Incredible Pizza	Wreck-It Ralph (PG)
VBS/Italy Then & Now	No Field Trip	Pinocchio (G)
Sky's the Limit	Federal Aviation Admin.	Planes (PG)
Culinary Creations	Staks Pancake Kitchen	Ratatouille (G)
News Flash	Contemporary Media Inc.	Cloudy with a Chance of Meatballs (PG)
Chill Out	Mid-South Ice House	Frozen (PG)
Masterpieces	TBD	Moana (PG)

My child has permission to participate in the above special activities (you will receive a separate permission slip for field trips that are still to be determined).

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PAYMENT OPTIONS**

**Non-Refundable Deposit**

At the time of registration, you must provide a non-refundable deposit of \$50 per session. (Families who are currently enrolled in our after school program that register by March 10 are eligible for a reduced deposit of \$25 per session.)

- I have enclosed cash or a check to St. Luke's Challengers.
- Please charge my credit card now (allow up to one week for your card to be processed).

**Remaining Balance**

Remaining balances must be paid two weeks prior to the start of the session. To receive 10% off, the remaining balance must be paid off by May 8, 2017.

- I have enclosed cash or a check to St. Luke's Challengers for my remaining balance.
- Please charge my credit card now (allow up to one week for your card to be processed).
- Please charge my card for my remaining balance in full on May 8, 2017.
- I will bring cash or a check to St. Luke's Challengers for my remaining balance at least two weeks before the start of the camp session.
- I would like to set up a payment plan for my remaining balance. Please charge my card in 3 equal payments on March 13, April 10, and May 8.

**Credit Card Information**

For those who wish to use their card for their deposit or remaining balance:

- I authorize St. Luke's Challengers to use my card already on file.
- I would like to use the following credit card:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BILLING CORRESPONDENCE**

Who should we contact about payment questions?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**PAYMENT POLICIES**

This application is accepted only with the verification of an open spot available and upon the completion of all necessary forms and a personal interview with the director, if requested. If no spot is available, all payments, including the deposit, will be returned to you. All camp fees must be paid in full two weeks prior to the session to retain your child's spot in the session.

**Changes in Attendance**

Any change in registration is subject to availability. If you switch to a session with a different price, you will be charged the higher of the two fees.

**Missed Days**

There are no refunds or credits for missed days of camp. Unfortunately, we are not able to substitute days.

**Cancellations**

Deposits are non-refundable. No refunds are possible, but credit (minus the deposit) will be given if cancellation is made before May 8, 2017. After that date, no credit will be given.

**SIGNATURE**

**I understand that my child's space is not reserved until my deposits have been received. If I do not settle my remaining balance two weeks prior to the start of the session, my child will not be registered for camp.** I have read the policies outlined in the Summer Camp Guide and understand that by signing I am agreeing to follow the terms of contract.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_