

2009 Day Camp Registration Form

Los Altos Lutheran Church
460 S. El Monte Avenue
Los Altos, CA 94022
650-948-3012

Day Camp is July 6-10, 2009
Camp hours are 9:00 am to 3:00 pm (to 12:00 noon on July 10)
Pre-School Camp hours are 9:00 am to 12:00 pm
Day Camp cost is \$85.00 per child
Pre-School Day Camp cost is \$45.00 per child

Parent or Guardian Name(s) _____

Phone numbers to reach you during the day (please circle best number to call):

Home # _____ Work # _____

Cell # _____

Home Address (street, city, zip code):

E-mail address: _____

Emergency Contact Name (if different than parent or guardian)

Daytime Phone _____ Relationship to Camper _____

Is camper covered by medical/hospital insurance? Yes _____ No _____

If yes, please indicate carrier plan or name: _____

Does family attend church? _____ If so, where? _____

Camper #1 Name _____

Address (if different from parent) _____

Birth Date _____ Gender _____ Grade (as of 9/09) _____

Camper #2 Name _____

Address (if different from parent) _____

Birth Date _____ Gender _____ Grade (as of 9/09) _____

Camper #3 Name _____

Address (if different from parent) _____

Birth Date _____ Gender _____ Grade (as of 9/09) _____

Parent/Guardian Authorization:

I give Mt. Cross Ministries permission to use photography/video of myself/my child taken at Day Camp in the future promotion of Mt. Cross Ministries.

Signature of parent/guardian of camper:

_____ Date _____

2009 Day Camp Health Form

Los Altos Lutheran Church
460 S. El Monte Ave, Los Altos CA 94022
650-948-3012

Camper #1 Name _____

Please list all known allergies _____

Medication Allergies _____

Describe reaction and management of reaction: _____

Food Allergies _____

Describe reaction and management of reaction: _____

Other Allergies _____

Describe reaction and management of reaction: _____

Does this camper currently take medications? _____

Reason/s for taking medication: _____

Medical Conditions? _____

Describe any medical conditions of which the Day Camp staff should be aware? _____

Is this camper limited by any restrictions? _____

Explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary) _____

Camper #2 Name _____

Please list all known allergies _____

Medication Allergies _____

Describe reaction and management of reaction: _____

Food Allergies _____

Describe reaction and management of reaction: _____

Other Allergies _____

Describe reaction and management of reaction: _____

Does this camper currently take medications? _____

Reason/s for taking medication: _____

Medical Conditions? _____

Describe any medical conditions of which the Day Camp staff should be aware? _____

Is this camper limited by any restrictions? _____

Explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary) _____

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Camper #3 Name _____

Please list all known allergies _____

Medication Allergies _____

Describe reaction and management of reaction: _____

Food Allergies _____

Describe reaction and management of reaction: _____

Other Allergies _____

Describe reaction and management of reaction: _____

Does this camper currently take medications? _____

Reason/s for taking medication: _____

Medical Conditions? _____

Describe any medical conditions of which the Day Camp staff should be aware? _____

Is this camper limited by any restrictions? _____

Explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary) _____

Additional information

Please use this space to provide any additional information about the camper(s) behavior and physical, emotional or mental health about which the Day Camp staff should be aware. *The better informed the Day Camp staff can be, the better they will be able to provide for the needs of your child.*

Family Doctor _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

Parent/Guardian Authorization:

This health history is correct and complete as far as I know. The child(ren) herein named has/have permission to engage in all Day Camp activities except as noted. I hereby give permission to the Day Camp staff to provide emergency health care and seek emergency medical treatment. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to the Day Camp staff to arrange necessary related transportation for my child(ren) named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to secure and administer treatment, including hospitalization, for the child(ren) named above.

Signature of parent/guardian of camper(s): _____

Printed Name _____ Date _____

Return Registration and Health Forms to Los Altos Lutheran Church. Make payment by check of \$85 or \$45 for each child, payable to 'Los Altos Lutheran Church' with a note: 'VBS'.