



Preschool program for ages 3 through entering Kindergarten
 Mon. through Fri. 9-12
 (No Lunch needed for preschool)

Vacation Bible School/Summer Day Camp Registration

**Sponsored by Faith Lutheran Church, Trinity Episcopal Church, and Sky Ranch

Please provide the full legal name of this camper's parent or legal guardian.

Camper's Parent/Legal Guardian: *

First Name _____ Last Name _____

Parent/Legal Guardian Phone Number(s) and Address: *

Phone 1 _____ Phone 2 _____

Address 1 _____ Address 2 _____

City _____ State _____ ZIP Code _____

Contact Name if other than Parent/Legal Guardian:*

First Name _____ Last Name _____

Contact Phone if other than Parent/Legal Guardian*

Phone 1 _____ Phone 2 _____

Who should be contacted in case of an emergency: *

Emer. Contact First Name _____ Emergency Contact Last Name _____ Relationship _____

Tell Us About Your Camper:

First Name _____ Last Name _____

Date of Birth _____ Grade Entering _____ Gender _____

Allergies/Medical conditions:

Does the camper have any dietary restrictions, allergies, or restrictions on activities? If so, please describe them here.

For more information contact us at:
 Faith Lutheran Church
faithlutheranchurch1972@gmail.com
 307.332.2192 --OR--
 Trinity Episcopal Church
trinitylndr@gmail.com
 307.332.5977

Camper Name (First) _____ (Last) _____

All Campers need to bring a sack lunch each day

Please be advised that your child may be photographed at this camp.
 I hereby give consent for this camp to the free and unrestricted use of an image or images of a minor. By signing below, I am aware that if used, they will be in the public domain and may appear on video, web, and or printed media.

Yes No _____ Initial _____

In case of emergency I waive any and all claims and agree the associated churches, agents, and activity leaders connected with this event are fully released from any and all liability and damages except for those arising from the negligent acts or omissions.

In the event I cannot be contacted immediately I give authorization and consent to emergency medical services and/or First Aid care for my child.

**Parent or Guardian Signature _____ Date _____