



Please fill out 1 form per family and keep the yellow copy for your records.

Registration Form 2010

Office Use Only:	
ID#	

Family/Last Name:	Name(s):	/	/
Address:	DOB(s):	/	/
City/State/Zip:	Age(s):	/	/
Home Phone:	Gender(s):	/	/
Check Primary Contact: <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Cell or <input type="checkbox"/> Pager:		
Mother's Name:	Work Phone(s):		
Father's Name:	Work Phone(s):		
E-mail Address:	Other Authorized Person In an Emergency Name:		
Church Affiliation:	Phone No(s): Cell No(s):		

Requested Registrations: *Please check the weeks and indicate a pickup time (3pm - 6pm) below.* We understand that plans can change throughout the summer, but as long as we are notified a full week in advance, we will waive the \$55 No Show Fee. **Initial** _____

Rate \$110/Wk* | \$40 Registration fee plus \$5 for each additional child per family | Save \$15 if you register before April 1st | \$55 No Show Fee

WEEKS 1 TO 6	PICKUP TIME	WEEKS 7 TO 11	PICKUP TIME
<input type="checkbox"/> Week 1, May 24 – 28		<input type="checkbox"/> Week 7, July 6 – 9**	
<input type="checkbox"/> Week 2, June 1 – 4**		<input type="checkbox"/> Week 8, July 12 – 16	
<input type="checkbox"/> Week 3, June 7 – 11		<input type="checkbox"/> Week 9, July 19 – 23	
<input type="checkbox"/> Week 4, June 14 – 18		<input type="checkbox"/> Week 10, July 26 – 30	
<input type="checkbox"/> Week 5, June 21 – 25		<input type="checkbox"/> Week 11, Contact if Needed	
<input type="checkbox"/> Week 6, June 28 – July 2		*2 nd Child same family \$100/wk, 3 rd Child same family \$70/wk. **This week contains a holiday for Memorial Day and 4 th of July.	

IMPORTANT DISCLOSURE AND NOTICES

Medical, Photo, Damage Release: My child has permission to take part in all camp activities. Trinity Woods, Inc., The Lutheran Church of the Holy Trinity and their personnel will not be held responsible for accidents arising there from. I give camp staff permission to seek medical treatment for my child in case of injury or illness. I give permission for use of photographs of my child or family in camp publicity. I give permission for Trinity Woods Summer Day Camp Staff to dispense non-aspirin fever reducer/pain reliever as considered necessary.

Privacy Statement: The information on these forms is considered confidential and will not be released to any third party except for (1) assisting healthcare providers in the event that professional medical treatment is required; (2) complying with a court, legal or regulatory order, or (3) resolving unpaid balances, seeking reimbursement for returned checks, or other similar credit/payment matters. We do not lend, sell, rent or otherwise share your private information to third party vendors of mail, e-mail, or other marketing lists.

I have read the above Medical, Photo, Damage Release and Privacy Statement:

Signed: _____ Date: _____

**** If mailing, deposit required. WE CHARGE A \$25 FEE FOR RETURNED CHECKS ****

FOR OFFICE USE ONLY: Check# _____ Date Rec'd _____ <input type="checkbox"/> \$40 Reg. Fee <input type="checkbox"/> \$25 (If by 4/1) <input type="checkbox"/> \$5 x _____ Ea. Child Appl. Reviewed: _____ Input: _____ Confirm Sent _____ By: _____	Make checks payable to: Trinity Woods, Inc., and return this completed top form to: Trinity Woods Summer Day Camp, 1899 Tucker Road, Macon, GA 31220-5399	
	1) \$40 Registration Fee plus \$5 for each additional child Save \$15 on the Registration Fee - Only \$25 if postmarked before 4/1	\$
	2) \$55 Deposit PER CHILD (# _____ x \$55) Deposit will be applied to first week of camp.	\$
	3) Total Required (1+2)	\$