

(complete ONE form per child) Additional forms and information available at: [www.tlcyouth.net](http://www.tlcyouth.net)

This Christian summer camp program is designed for children ages 3 to 12 years.  
\*ALL children must be able to function in a group setting \*ALL children must be potty trained



Please direct questions to Dave Levy  
@ (415) 454-4135 or [dave@tlcyouth.net](mailto:dave@tlcyouth.net)

Trinity Lutheran Church  
333 Woodland Avenue  
San Rafael, CA 94901

Child's Name: \_\_\_\_\_ Group # (for church use only) \_\_\_\_\_

Street Address \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Child lives with: \_\_\_\_\_

Mom's name: \_\_\_\_\_ Phone # to reach Mom during VBS \_\_\_\_\_

Dad's name: \_\_\_\_\_ Phone # to reach Dad during VBS \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in the Fall \_\_\_\_\_ School \_\_\_\_\_

e-mail \_\_\_\_\_ Home Church \_\_\_\_\_

Name of special friend your child would like to be with \_\_\_\_\_

Person(s) scheduled to pick up your child [if different from parent(s)] \_\_\_\_\_

Circle the days your child will attend:      **M**              **T**              **W**              **TH**              **F**

*I hereby grant permission for (child) \_\_\_\_\_ to participate in "Planet Zoom" activities sponsored by Trinity Lutheran from August 2<sup>nd</sup> – August 6<sup>th</sup>, 2010 from 9:00am to 12:15pm and to receive any necessary emergency first-aid, medical or surgical attention in the event of accident or illness.*

**Are there any special accommodations we need to consider for your child? (if none, please enter "NONE"):**

\_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Medical Insurance # \_\_\_\_\_

Emergency contact (if parent/guardian(s) are unavailable) \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

**\*I am interested in helping with Trinity's Planet Zoom - Vacation Bible School Program (VBS)\***

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

I prefer to assist with:

Snacks | Music | Preschool | Kindergarten | Games | Crafts | Other \_\_\_\_\_

~ A \$20 offering per child is requested to help cover program costs (no one will be turned away for lack of funds) ~