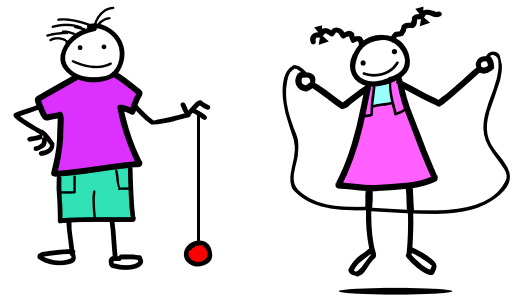


2011 SONSHINE SUMMER CAMP  
 ST. JOHN LUTHERAN SCHOOL  
 1915 SE LAKE WEIR ROAD  
 OCALA, FL 34471  
 622-7275 – SCHOOL OFFICE



Camper's Name: \_\_\_\_\_ Grade Entering: (K-8<sup>th</sup>) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student lives with ( ) Both Parents ( ) Mother ( ) Father ( ) Other

In case of emergency, please contact:

1. \_\_\_\_\_

Name	Hm. & Cell Phone	Relationship
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2. \_\_\_\_\_

Name	Hm. & Cell Phone	Relationship
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The Summer Camp personnel have permission to give Tylenol to the camper – Yes ( ) No ( )

Please list any allergies: \_\_\_\_\_

Please list any limitations your child may have pertaining to swim days: \_\_\_\_\_

I promise to pay all Summer Camp fees weekly as applicable for my camper. In addition, any weekly accrued late fees will be collected with the following week's tuition. It is understood that my camper's registration fee is NOT REFUNDABLE.

_____ Date	_____ Signature of Parent or Guardian
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Names and Phone Numbers of those allowed to pick up my child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the weeks you will be attending, once you have chosen your spot is reserved:

June 13-17 _____	July 5-8 _____	July 25-29 _____
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June 20-24 <sub>(VBS)</sub> _____	July 11-15 _____	August 1-5 _____
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June 27-July 1 _____	July 18-22 _____	
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