

Before and After Camp Care Registration Form

Make Checks Payable to:

Holy Cross Lutheran Church

Cost: **\$15.00**

4117 Terrace Dr.

Omaha, NE 68134

Child's name: _____ Male ____ Female ____

Birth Date: _____

Care Needed:

Dates: July 25-28, 2011

____ **Morning**

Care from 7:30 am until the beginning of Camp

____ **Afternoon**

Care at the end of the Camp day until 5:30 pm

____ **Both Morning and Afternoon**



My child has permission to take part in the above registered Holy Cross Lutheran Church program activities, and I will not hold Holy Cross Lutheran Church or its staff responsible for accidents, claims and damages arising there from. I authorize Holy Cross Lutheran Church to take such action as is deemed necessary for the care, welfare and health of my child, including the giving of consent for medical treatment.

Parent/Guardian Signature

Date

Address: _____

E-mail address of parent: _____

Emergency contact #1 (name/phone) _____

Emergency contact #2 (name/phone) _____

Medical concerns: _____