**(office use)**CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST

**REGISTRATION FORM AGES Pre-K – ENTERING FIFTH GRADE**

**VINLAND LUTHERAN CHURCH DAY CAMP**

**Monday, June 26 – Thursday, June 29 9am-noon**

**Church Contacts: 360-779-3428**

**vinland@vinlandlc.org**

**PO Box 2134 Poulsbo, WA 98370**

Child’s Name

Child’s nickname, if any

Parent/Guardian

Contact Address

E-Mail

Phones: Home Cell Work

Child’s Date of Birth Age Grade Completed

Home Church, if any

Child’s T-shirt: Kid’s x-small(4/5) small(6/7) med (8/10) large(10/12) xlarge(14/16)

Persons authorized to pick up child:

Anything you want us to know about this child?

***Suggested donation of $15 per child or maximum of $50 per immediate family is requested.***

***Make checks to Vinland Lutheran Church. Thank You!***