

Camp Pebbles Kids Day Camp!

Camp Creation June 18-22, 2007

Awesome camp adventures right here at **Community Lutheran** during the day for 2 – 5 year old children.

“Camp Pebbles” includes creative bible learning activities, music & movement, crafts, games, and fun times with new friends. Camp will be lead by trained nursery caregivers. Choose a **full day planned program from 9:00 am.-3:00 pm** or a **half day program from 9:00 am-noon**.

Space is limited so register TODAY!

REGISTRATION FORM

Camper's Name _____
 Home Phone (____) _____ Sex: ___M___ F
 Parent's Cell Phone (____) _____
 Address _____
 City _____ State: NV Zip _____
 Church: ___ Community Lutheran Church; _____
 Parent / Guardian _____
 Work Phone _____
 Parent's Email _____
 Camper's age in June 2007 ___ Camper's Birthdate _____

___ Attached is my \$80 registration fee for full day “Camp Pebbles.”

___ \$20 Discount if registered before May 15.

___ Attached is \$40 for half day camp (no discounts)

Make checks payable to: CLC—Children's Ministries, memo: Camp Pebbles.

___ MasterCard ___ Visa

Card # _____ Exp. Date _____
 Cardholder _____
 Signature _____

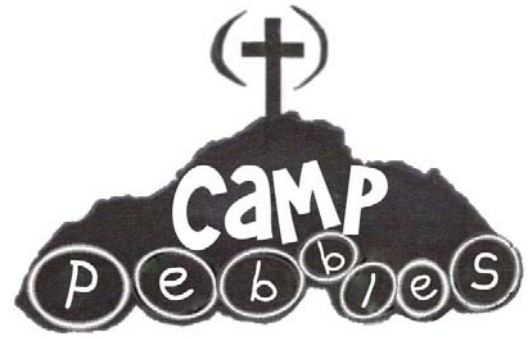
I hereby give permission for this camper to participate in the programs & all activities of Camp Pebbles. I will not hold Community Lutheran Church responsible for accidents or personal injury arising there from. I will submit a health history form prior to the first day of camp and if necessary, documentation of a recent physical exam. I give the camp staff permission to seek medical treatment for my child in case of illness or injury. I understand my photo or my child's photo may be taken for use in camp promotional literature and I waive the right to inspect or approve the photo if used for such purposes. I understand I am responsible for transportation to and from camp at Community Lutheran Church. I also understand that my child/ren should bring a backpack (labeled with the child's name) containing personal supplies such as a blanket, sack lunch & snacks each day if attending full days. I will support or assist in any way that I am able.

Parent/ Guardian Signature _____

_____ Date _____

Please return this completed registration and \$80 to:

Deneen McLane, Nursery Coordinator
 Community Lutheran Church
 3720 E. Tropicana Ave. Las Vegas, NV 89121-7337



For more information about Children and Family Ministries, call 458-2241 or go online to www.communitylutheran.com Questions? Call Alene Olson at 458-2241 x214

Family Health Insurance Information that covers your camper:

Insurance Company _____
 Policy # _____
 Group # _____
 Member # _____
 Agent's Name/Address _____
 Policy Subscriber Name _____
 (father/mother/guardian)

In Case of Emergency Contact if parent/guardian cannot be reached:

Name _____
 Phone _____
 Address _____
 Relationship _____

Medical Information:

Date of Last Tetanus Shot _____
 Known Allergies to Foods: _____
 Known Allergies to Medications: _____
 Other Allergies: _____
 Response to allergy _____
 Current Medications Taken:
 Medication _____
 Reason Taken _____
 Does camper need medication during camp? _____
 If yes, please give detailed directions _____

Hospital Preferred _____
 Doctor _____
 Dr. Phone Number _____

Other information that may be important / helpful to know (examples: physical challenges or restrictions, mental challenges, recent surgeries, sensitivities, personal hygiene, toilet training, napping, special needs, etc.)
