

Hope Lutheran Church & School
BIG Summer Day Camp 2010
Math Excel/Outdoor Activities

Registration Procedure

1. Registration Starts: March 15, 2010
2. Registration Closes: May 1, 2010 or until full enrollment
3. Late Fee \$10 applies after: May 1, 2010 (if space is available)
4. Tuition: \$635.00
5. Registration Fee: \$25 per student (non-refundable)
6. All forms completed, signed, and turned in together with Registration Fee of \$25.
 - Check List and T Shirt Form
 - Registration/Student Info Form (including one recent photo 2"x2")
 - Field Trip Permission Form
 - Media Release Form and Permission to Use Images
 - Medical Release and Permission Form (2 pages)
 - Parent Agreement and Consent Form
7. Tuition fee of \$635 to be paid in cash or with a check to Hope Lutheran Church. Check can be dated for May 15, 2010 posting.

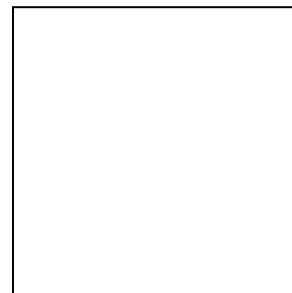
Hope Lutheran Church & School

路德會恩望堂

55 San Fernando Way

Daly City, CA 94015

(650) 991-4673



Summer Day Camp 2010

(For Photo Use)

Student Information 學生資料:

Last Name 學生姓		First Name 名		Birthdate 出生日期 月 日 年	
Language(s) spoken at home 家中所用語言		Entering Grade 2010 九月入學年級		School 學校	
Address 地址		City 城市	Zip 郵區號碼	Home Phone 電話	
Father's Name 父親姓名		Father's Work Phone 工作電話 ()		Cell Phone 手提電話 ()	
Mother's Name 母親姓名		Mother's Work Phone 工作電話 ()		Cell Phone 手提電話 ()	
Emergency Contact 緊急聯絡人		Relationship 關係		Phone 電話 ()	
Health Plan 醫療保險計劃			Medical Coverage Number 醫藥卡號碼		
Doctor's Name 醫生姓名			Doctor's Phone 醫生電話 ()		
Who is authorized to pick up your child? 授權給誰接送學生		Relationship 關係		Phone 電話	
1)					
2)					
Siblings Name and Age: (兄弟姊妹姓名, 年齡)					

Comments: (i.e. special medical attention, vacation dates, etc.)

HOPE LUTHERAN CHURCH & SCHOOL
SUMMER DAY CAMP 2010
All Ministries and Programs

Field Trip Permission

Child's Name: _____ Date: _____

Program: Summer Day Camp 2010

I, the parent/guardian of _____ give permission for my child to go on field trips during Summer Day Camp, and hereby release from liability Hope Lutheran Church & School, the CA/NV/HI District and any and all adult supervisors and staff in the event of any accident or injury enroute, during and returning from a Hope Lutheran Church & School sponsored field trip.

本人(家長/監護人) _____ 准許我的子/女 _____ 參加暑期日營的戶活動。如發生任何意外，本人願意不向教會/學校/老師作出追究或索賠。

In case of emergency, I/my spouse/family members can be reached at this phone number (name and phone number). _____

緊急情況下，你們可用這個電話(姓名/號碼) _____

聯絡本人/本人的家人。

If we cannot be reached, I give permission for my child to be given medical treatment at my expense.

如找不到本人/本人的家人，你們可帶我子/女接受醫藥治療，醫藥費由本人(家長/監護人)負責。

Parent/Guardian's Signature
家長/監護人簽名

Date
日期

HOPE LUTHERAN CHURCH & SCHOOL
BIG SUMMER DAY CAMP 2010

MEDIA RELEASE FORM AND PERMISSION TO USE IMAGES

In my child's, my family's, and/or my participation of the Hope Lutheran Church's BIG Summer Day Camp 2010 (SDC 2010), I/we hereby give SDC '10 and its authorized photographers and personnel the absolute right and permission to publish, copyright, and use pictures and images of my children, my family, and/or me in which we may be included in whole or in part, composite or retouched in character or form, in conjunction with (please initial all those applicable):

_____ my own name
_____ a fictitious name
_____ no name to be used

(Child's) Name (print): _____

(Child's) Signature: _____ Date: _____

Full Address: _____

Phone: _____

Church: Hope Lutheran Church & School
BIG Summer Day Camp 2010

If the person photographed is under 18, I certify that I am his/her parent or legal guardian, and I give my consent without reservation to the foregoing on his/her behalf.

Name of Parent/Guardian (print): _____

Signature: _____ Date: _____

HOPE LUTHERAN CHURCH & SCHOOL
BIG SUMMER DAY CAMP 2010

Parent Agreement & Consent Form

Student Name (print): _____

Date of Birth: _____ Today's Date: _____

Church: Hope Lutheran Church & School, Daly City
BIG Summer Day Camp 2010

I have read, understood, agreed upon, and committed to...

- Hope Lutheran Church & School, BIG Summer Day Camp 2010 reserves the right to reject and refuse any applicant/student's enrollment and has a non-refundable refund policy.
- Hope Lutheran Church & School, Summer Day Camp 2010's pedagogical and teaching methods & curriculum; the Christian faith; the Christian doctrine of LCMS (Lutheran Church Missouri Synod);
- Attendance and active participation at all Hope Lutheran Church & School, BIG Summer Day Camp 2010's
 - 6/23/2010 BIG Summer Day Camp Open House Nite 7-8pm
 - family home visitations
 - Family Sunday worships at Hope Lutheran Church (Assigned grade will be singing and sharing during Family Sunday Worship Services on designated time)
 - 7/30/2010 BIG Summer Day Camp Closing Ceremony 6-9pm

Name of Parent/Guardian (print): _____

Contact Phone # _____

Signature: _____ Date: _____

Hope Lutheran Church & School 路德會恩望堂

55 San Fernando Way, Daly City, CA 94015 (650) 991-4673



BIG SUMMER DAY CAMP 2010 Math Excel/Outdoor Activities

Entering 1st Grade to 8th Grade

暑期康樂日營

June 21, 2010 ~ July 30, 2010

Mon-Fri. 9 a.m. to 4 p.m.

Tuition: \$635 (transportation & T-shirt)

Registration Fee: \$25 (non-refundable)

自備午餐
Lunch not included

Extended care:	Option A: 7:30am – 9:00 am (\$20/week)
	Option B: 4:00pm – 6:00 pm (\$20/week)
	Option C: \$5/hour

1. Registration Fee \$25 Tuition Fee \$635 Cash Check # _____

2. Extended Care (Morning Afternoon) (Cash \$_____ Check # _____)

3. T-Shirt Size: (Please Circle)

Youth size: S / M / L

Adult size: S / M / L / XL / 2XL

Guardian's Signature: _____ Date: _____

Admin./Staff Initials: _____ Date: _____

BIG Summer Day Camp 2010 Check List

OFFICE COPY



Name of Student: _____

Entering Grade: _____ Age: _____ Date of Birth: _____

- 1. Registration Fee \$25
- 2. Tuition Fee \$635
- 3. T-Shirt Size
Youth size: S / M / L Adult size: S / M / L / XL / 2XL
- 4. Student Info Form & photo
- 5. Field Trip Permission
- 6. Media Release Form
- 7. Medical Release Form
- 8. Parent Agreement/Consent

List names of siblings/cousins attending SDC 2010

	Name/Grade	Relationship
1.	_____	_____
2.	_____	_____

Admin./Staff Initials: _____ Date: _____

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Must obtain permission before using any electrical devices
- No gum chewing
- Participation with the group is expected
- Respect property
- Respect one another, tutors, staff, and adult leaders

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, swimming, basketball, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, water activities, hiking, biking, concerts, Bible studies, miniature golfing, museum & zoo visiting, picnic, sightseeing, musical, t-shirt making, laser tag, dining, ceramics, marine world, movies, indoor games, group activities, etc.

Note: If you desire to limit your child's participation in any activity, please submit your wishes in writing to our camp director and your child's group main counselor one week prior to that activity.

_____ has my permission to attend all activities
NAME OF STUDENT

sponsored by _____ BIG Summer Day Camp 2010, Hope Lutheran Church _____ (herein after call the "Church") from June 2010 to August 2010 .

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases BIG Summer Day Camp 2010, Hope Lutheran Church & School, and all staff of any liability against personal losses of named child.

I/We do hereby give consent for our child(ren) to ride in the designated vehicle of BIG Summer Day Camp 2010, and give permission for our child(ren) to take the public transportation with the group's counselors or helpers in their daily activities.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event and activities, and I/we hereby release "Summer Day Camp 2010" and Hope Lutheran Church & School, its director, all staff, counselors and helpers, its Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event when treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministries staff member.

Parent/guardian signature: _____ Date: _____