

**Christ Memorial Lutheran  
Early Childhood Learning Center  
281-497-2055**

**Registration Form  
“Adventure Land” Summer Camp – 2010  
9:00a.m.-2:00p.m. Mon.-Fri.**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Names and telephone numbers of individuals who will be responsible for picking up my child:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any special information you wish to share with the school office and/or teacher:

**Please check which session(s) your child will attend. \$25 Registration Fee per child. \$150/week per child.**

\_\_\_\_ Week 1: June 7-11    \_\_\_\_ Week 2: June 14-18    \_\_\_\_ Week 3: July 19-23

\_\_\_\_ Week 4: July 26-30    \_\_\_\_ Week 5: August 2-6

**PLEASE NOTE:** Children will be divided into 2 age groups.....3 thru 5 years and 6 thru 9 years

My child (is/is not) currently attending CMLECLC. If not, I will provide the following:

- 1) Current immunization records (listing allergies and other important information)
- 2) Emergency information

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Please make checks payable to CMLECLC.***