

SUMMER 2014 REGISTRATION

Trinity Learning Ministry, Trinity United Methodist Church
2796 Charlestown Road, New Albany, IN 47150

Student's Name _____ Date of Birth _____ M _____ F _____
School Fall, 2014 _____ Grade Fall, 2014 _____
Home Address _____ City _____ Zip _____
Email Address(es) _____

FAMILY INFORMATION

Mother's Name _____ 1st Phone to call _____ 2nd Phone _____
Mother's Occupation _____ Place of Employment _____
Father's Name _____ 1st Phone to call _____ 2nd Phone _____
Father's Occupation _____ Place of Employment _____
Others living in household and relationship to child _____

PERSONAL INFORMATION

Physician's Name _____ Phone _____
Dentist's Name _____ Phone _____
Health Insurance Provider _____ Insurance # _____

Check any that apply to your child & add information that we may need to know.

Has allergies _____
 Dietary Restrictions _____
 Has asthma _____
 Has diabetes _____
 Medication taken regularly _____
 Medication needed during camp – medical form from physician required in office _____
 Has an IEP – please bring a copy for student file _____
 Has physical issue that may affect some activities _____

I give consent for the above allergy, health or medication information to be posted as needed for my child's safety. Parent initials _____

I understand that the TLC Ministry staff will attempt to contact a parent/guardian immediately if an emergency situation concerning my child should occur. In the event that I cannot be reached and medical treatment is deemed necessary and is in the best interest of my child, I give permission for my child to be treated as determined by the medical professionals.

Parent/Guardian Signature _____ Date _____

RELEASE OF YOUR CHILD

Please list persons who may be picking up your child. Except for parents, any person not named will not be allowed to pick up your child unless we have specific instructions from you, preferably in person. Picture ID is required for release.

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Please list any specific person to whom we may NOT release your child (if you have a listed a parent, we must have a copy of the court order on file)

PHOTO PERMISSION –Please initial one

I give Trinity Learning Ministry permission to use my child's photograph for display and/or educational purposes.
 I do not give Trinity Learning Ministry permission to use my child's photograph for display and/or educational purposes.

Trinity Summer Camp

SUMMER FUN - 2014

Trinity Learning Center Ministry 812-944-2251

Email: tlministry@insightbb.com

Website: trinitylearningministry.org

Ages three years through fifth grade



June 2 through July 25

7:30 am to 5:00 pm

(5:00-6:00 pm later care available)

PLEASE CHECK BELOW ALL WEEKS YOUR CHILD WILL BE IN ATTENDANCE. DAYS MISSED MAY NOT BE MADE UP DUE TO STAFFING AND ACTIVITY ARRANGEMENTS.

_____	Week 1 --	June 2	To	June 6
_____	Week 2 --	June 9	To	June 13
_____	Week 3 --	June 16	To	June 20
_____	Week 4 --	June 23	To	June 27
_____	Week 5 --	June 30	To	July 3 (closed July 4)
_____	Week 6 --	July 7	To	July 11
_____	Week 7 --	July 14	To	July 18
_____	Week 8 --	July 21	To	July 25

FEES MUST BE PREPAID NO LATER THAN ON THE FOLLOWING DATES UNLESS SPECIFIC ARRANGEMENTS HAVE BEEN MADE WITH THE TLC OFFICE STAFF. FULL PREPAYMENT REQUIRED BY MAY 16TH FOR REGISTRATIONS LESS THAN 10 DAYS.

- 1st Payment due May 16 for weeks 1 & 2
- 2nd Payment due June 6 for weeks 3 & 4
- 3rd Payment due June 20 for weeks 5 & 6
- 4th Payment due July 7 for weeks 7 & 8

___ Registration fee if not currently enrolled in preschool \$40 (no fee for early registrations before May 1)

Circle days attending

___ 5 days weekly	MONDAY - FRIDAY	\$140 week
___ 4 days weekly	M T W TH F	\$120 week
___ 3 days weekly	M T W TH F	\$95 week
___ 2 days weekly	M T W TH F	\$65 week
___ 1 day weekly	M T W TH F	\$35 each day
___ Late care 5:00 to 6:00	M T W TH F	\$20 week

CIRCLE T SHIRT SIZE: Toddler 4T Toddler 5/6 Youth S Youth M Youth L Adult S Adult M Adult L

I understand that fees will be charged for the weeks/days that I scheduled above, whether my child is in attendance or is absent. I understand that **days missed cannot be made up on another day due to scheduling and staffing.**

ENTERING KINDERGARTENERS THROUGH SIXTH GRADE:

I give my permission for my child, _____, to leave Trinity Learning Center Ministry for walks and trips in a vehicle, for field trips or other planned special events. I will receive notification of any planned trips in vehicles. I understand that expenses incurred due to accidents that my child may have while off the premises will be my responsibility and not the responsibility of Trinity United Methodist Church or its ministries.

Parent Signature _____

Date _____