

# Trinity Summer Camp 2021

Trinity Learning Center Ministry 812-944-2251

Email: office@trinitylearningministry.org

Website: trinitylearningministry.org

Ages three years through entering 3<sup>rd</sup> grade



June 1 through July 16

Half Day 7:30 am to 11:30 am OR Full Day 7:30 am - 3:30 pm

Late care (3:30 pm to 5:00 pm) available if prescheduled and prepaid through the office - \$10 per day, unless attending full time  
I will need late care \_\_\_\_\_

PLEASE CHECK WHICH DAYS YOUR CHILD WILL ATTEND EACH WEEK AND HALF OR FULL DAYS.  
DAYS MISSED MAY NOT BE MADE UP DUE TO STAFFING AND ACTIVITY ARRANGEMENTS.

Half day

Full Day (bring lunch)

**Week 1**

June 1 - June 4 (closed 5/31)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 2**

June 7 - June 11

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 3**

June 14 - June 18

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 4**

June 21-June 25

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 5**

June 28 - July 2

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 6**

July 6 - July 9 (closed 7/5)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Week 7**

July 12- July 16

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

WEEKLY FEES	Half day	Full day
1 day	35	60
2 days	55	90
3 days	75	120
4 days	95	150
5 days	115	180

**FEES MUST BE PREPAID NO LATER THAN ON THE FOLLOWING DATES UNLESS SPECIFIC ARRANGEMENTS HAVE BEEN MADE WITH THE TLC OFFICE STAFF.**

1<sup>st</sup> Payment due May 15 for weeks 1 - 4

2<sup>nd</sup> Payment due June 15 for weeks 5 - 7

\_\_\_ Registration fee if not currently enrolled in preschool \$60 (no fee for early registrations received by May 1)

I understand that fees will be charged for the weeks/days that I scheduled above, whether my child is in attendance or is absent. Schedule changes are allowed with two weeks' notice and must be with the office. I understand that days missed cannot be made up on another day due to scheduling and staffing.

I give my permission for my child, \_\_\_\_\_, to leave Trinity Learning Center Ministry property for walks (all campers) and trips in a vehicle (K-3 only), 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 on or off the premises will be my responsibility and not the responsibility of Trinity United Methodist Church or its ministries.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# SUMMER 2021 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, 2020 \_\_\_\_\_ Grade Fall, 2020 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Others living in child's household and relationship to child \_\_\_\_\_

## FAMILY INFORMATION

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

## 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 (includes Epipen) \_\_\_\_\_

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 \_\_\_\_\_

My child has no sunscreen allergies and may have the brand TLC provides applied

*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: (please check all that apply)

O display and/or educational purposes

O summer camp blog web page

O Trinity Learning Center Facebook page

I do not give Trinity Learning Ministry permission to use my child's photograph

OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_