

**St. John's Lutheran School**  
**Camp Falcon 2011 Registration Form**

(Please complete a separate form for each child participating, \$90 check payable to St. John's Lutheran School due with Registration)

D.O.B: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Current Grade ( ` 10- ` 11) \_\_\_\_\_ Program (circle one): Preschool (age 3- rising Kindergarten)  
School Age (rising 1st-rising 5th)  
Participant's School: \_\_\_\_\_ Leaders in Training (rising 6th-rising 8th)

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Are there any normal summer camp activities that your child is not able to participate in? \_\_\_\_\_ If yes, Please explain:

I give St. John's Camp Falcon staff permission to apply sunscreen on my child. I understand that I must provide my child's sunscreen:  
\_\_\_\_\_ **(initial)**

Does your child require a car/booster seat? \_\_\_\_\_ (If yes, please provide a car/booster seat for field trips. Please label the seat clearly on the **front**.)

List any fears, unique behavior, etc. you child may have: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ Maintenance Medication: \_\_\_\_\_

Physician's Name & Phone #: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Name policy is under: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ (in life-threatening emergency, child will utilize nearest hospital)

Emergency Contacts if parent(s) above is/are unreachable: \_\_\_\_\_  
Name home # cell #

\_\_\_\_\_  
Name home # cell #

In the unlikely event of a medical emergency, I give permission to St. John's Camp Falcon staff to administer 1st aid/CPR if needed. I understand that all staff are 1st aid and CPR certified. I also give permission to St. John's Camp Falcon staff to obtain medical treatment in the event on an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

\_\_\_\_\_ **(initial)**

List those to whom your child may be released (photo id will be required):

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name relationship phone #'s Name relationship phone #'s

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name relationship phone #'s Name relationship phone #'s

**Camp Falcon General Permission for Field Trips Off Site/Outdoor & Playground Release**

I give St. John's Lutheran School's Camp Falcon permission to take my child on any and all field trips that will be held on and off school grounds during the summer. I understand that my child could be transported by church/school vans and/or personal vehicles and that my child is required to be in an approved child's car/booster seat that I provide if they are not 8 years of age or at minimum 80 lbs. I also give St. John's Lutheran School's Camp Falcon permission to take my child outside the school building to take walks on St. John's property, to play on the blacktop/parking lot behind the building, and to go to and from the playground and the gym. \_\_\_\_\_ **(Initial)**

**Photo Release**

(Please select how you would like photos of your child used by Camp Falcon and St. John's Lutheran School):

- \_\_\_\_ Classroom display, crafts, projects, and/or the school year book.
- \_\_\_\_ Marketing purposes through flyers, brochures, and on the website
- \_\_\_\_ Media purposes (newspapers, news stations, etc.)
- \_\_\_\_ I **DO NOT** want my child's photographs used for any reason \_\_\_\_\_ **Initial**

**Swim/Pool Use (School Age Only)**

(Please read and discuss the following rules with your child):

- 1. Shower before entering the pool. 2. No running on the deck. 3. No diving from the sides of the pool. 4. One diver on the diving board. 5. No double springs on the diving board. 6. Only children 6 and under with parents in the wading pool area. 7. Persons with open sores or communicable diseases are not permitted in the pool. 8. Appropriate swim wear required. No cut-off shorts in the pool. 9. The pool requires a swim test for all swimmers before allowing them in the deep end. 10. **Lifeguards are at the pool for your protection. Please follow their instructions.**

**My child:** \_\_\_\_ DOES know how to swim \_\_\_\_ DOES NOT know how to swim \_\_\_\_ My child may use the diving board. \_\_\_\_ My child may go in the deep end. \_\_\_\_\_ **(Initial)**

**Please Select Payment Option**

**(Weekly Enrollment Forms are located on St. John's website at [www.stjohnsws.org/school](http://www.stjohnsws.org/school))**

- \_\_\_\_ **Whole Summer** (no weekly enrollment forms needed. Once selected, no changes or refunds will be given.)  
    \_\_\_\_ **Full Day** \_\_\_\_ **Half Day**
- \_\_\_\_ **Weekly Option** (Please select weeks if known; otherwise complete weekly enrollment forms. Once selected, no changes or refunds will be given.)  
Week 1\_\_\_\_ Week 2\_\_\_\_ Week 3\_\_\_\_ Week 4\_\_\_\_ Week 5\_\_\_\_ Week 6\_\_\_\_ Week 7\_\_\_\_ Week 8\_\_\_\_ Week 9\_\_\_\_  
    **Full Day**\_\_\_\_ **Half Day**\_\_\_\_\_
- \_\_\_\_ **Daily Option** (Please complete weekly enrollment forms on or before the preceding Wednesday.)

**Please read the following statements carefully and sign below.**

\*I have reviewed a copy of the summary of the NC Child Care Law for Child Care Centers on St. John's Website. \*I have read and understand the Camp Falcon Handbook, including discipline policies, on the St. John's website. I agree to follow the practices and policies of Camp Falcon. \*I understand a Physician signed medical form & current immunization records are required. \*I understand a registration fee per child payable to St. John's is due with this registration form. \*I understand dates are only guaranteed depending on availability \*I understand no credits, refunds or switching days/weeks will be allowed. \*I understand I must provide daily lunch & that my child must have a water bottle with attached lid each day. \*I release St. John's Lutheran Church & School & Camp Falcon summer program, its employees, volunteers, and other entities from any liability for an incident or injury my child could incur during normal play/participation in Camp Falcon activities.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

St. John's Lutheran Church & School \* 2415 Silas Creek Parkway \* Winston-Salem, NC 27103 \* Phone: 336-725-1651 ext. 402 \* Fax: 336-725-1603 \* [melissa.edmiston@stjohnsws.org](mailto:melissa.edmiston@stjohnsws.org) \* [www.stjohnsws.org/school](http://www.stjohnsws.org/school)

**School Office Use:** Date received: \_\_\_/\_\_\_/\_\_\_ Reg. Pd. \_\_\_\_ Medical\_\_\_\_ Immunization\_\_\_\_ Sign In Sheet(s) Complete\_\_\_\_ Excel\_\_\_\_