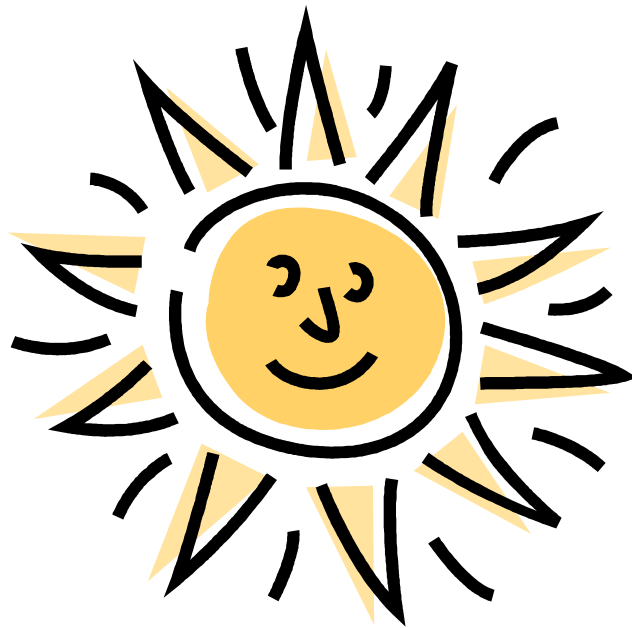


# TLC 4 Kids

# Summer Camp

*(Ages K-5th grade)*



REGISTRATION PACKET

Dear Summer Camp Parents,

We want to welcome you to our TLC 4 Kids Summer Camp Program. We have a wonderful summer planned for your kids. Please be aware of the instructions being presented to you for your children. If they are followed, it will make all our lives easier!

Summer Camp registration is \$125.00 PER child and due the day of sign up. Summer camp tuition is \$125.00 due the FRIDAY BEFORE the week your child attends. If you have more than one child in your family attending, there is a \$25.00 discount for each additional child on tuition only. Please be prompt with your payments. We accept cash, checks and online payments. All checks need to be made out to TRINITY LUTHERAN CHURCH.

If your child is here between 8:00 and 8:30am, they will be served breakfast. We will offer morning snack at 10:30am and afternoon snack at 3:30pm. **A COLD lunch needs to be provided by the parent. WE CAN NOT HEAT ANYTHING IN A MICROWAVE!**

Your child is REQUIRED to bring these items on a **DAILY** basis.

- A nutritious cold lunch! **If you forget your child's lunch, you are required to bring your child lunch before 11am! NO EXCEPTIONS!**
- A water bottle!

On TUESDAYS, THURSDAYS and some FRIDAYS your child is REQUIRED to bring a swim bag (please label with child's name) with the following items in it:

- Appropriate swimsuit attire. (NO CUTOFFS!)
- Towel WITH child's name written on it.
- Bottle of sunscreen WITH child's name written on it. Spray sunscreen is the best.
- Life vest if child can't swim. (See swimming Form)
- **Flip Flops**

**If your child does not bring these items with them, you will need to go and get them and bring them back to your child by 11:00am. NO EXCEPTIONS!**

We have a lot of fun activities planned for your child along with a lot of fun staff! We can't wait to see your kids at TLC 4 Kids Summer Camp! If you have any questions, please feel free to call me at 678-344-3575.

Thanks,  
Brenda Moody  
Director of Trinity Lutheran Community Schools



## TLC for Kids Summer Camp Contract

This contract is entered into by \_\_\_\_\_  
(print parent's name)  
and TLC for Kids Summer Camp, provider, for the purpose of securing  
arrangements for child care for \_\_\_\_\_  
(print child's name).

### The parent agrees:

1. To pay a registration fee of \$125.00 per child for TLC for Kids Summer Camp.
2. To pay the Provider the rate of \$ 125 per week for summer camp services for their child. (\$25.00 discount for sibling(s) for weekly tuition only).
3. To pay tuition to the Provider by the Friday prior to the week that camp occurs.
4. To pay the Provider an overtime rate of \$1.00 a minute for every minute beyond 6:30pm that the parent is late when picking up his/her child.
5. To escort children in and out of the building. Children must be signed in and out daily by a parent.
6. To inform the Provider by 9:00am of child's absence from camp.
7. To make their presence known to staff upon arriving at the center.
8. To come to the center to pick up their child as soon as possible when child is sick.
9. To make other child care arrangements when child has a fever, unexplained rash, diarrhea, vomiting, or any other symptom of a contagious illness.
10. To keep the center informed of changes in emergency contact information, allergies, medical conditions, and written notice of person(s) to whom the child may be released.
11. To maintain open communication with the child's teacher(s) and Director of the center.

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

# TLC 4 Kids Summer Camp ENROLLMENT FORM

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Just Completed: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements (check one): ( ) Both Parents ( ) Mother ( ) Father ( ) Other

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## Permissions:

- I give TLC 4 Kids Summer Camp permission to apply bug spray to my child. YES / NO
- I give TLC 4 Kids Summer Camp permission to apply sunscreen to my child. YES / NO
- I give TLC 4 Kids Summer Camp permission to photograph my child during school events and use those pictures on our church social media sites. YES / NO

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

\_\_\_\_\_  
Date

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## Emergency Medical Authorization

In the event neither parent nor guardian can be reached and medical treatment is indicated, TLC 4 Kids Summer Camp has my permission to authorize medical treatment for my child\_\_\_\_\_. TLC 4 Kids Summer Camp uses Emory Eastside Medical Center for emergency treatment.

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

\_\_\_\_\_  
Date

### The child may be released to the person(s) signing this agreement or to the following:

\* Name\_\_\_\_\_ Address:\_\_\_\_\_

Telephone Number\_\_\_\_\_ Relation to child\_\_\_\_\_

Relationship to Parent(s) or Guardian\_\_\_\_\_

Other identifying information (if any)\_\_\_\_\_

\* Name\_\_\_\_\_ Address:\_\_\_\_\_

Telephone Number\_\_\_\_\_ Relation to child\_\_\_\_\_

Relationship to Parent(s) or Guardian\_\_\_\_\_

Other identifying information (if any)\_\_\_\_\_

### Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name\_\_\_\_\_ Telephone Number\_\_\_\_\_

Name\_\_\_\_\_ Telephone Number\_\_\_\_\_

Name of Public or Private School that child attends\_\_\_\_\_

Child's doctor or clinic name\_\_\_\_\_

Doctor/clinic phone number\_\_\_\_\_

My Child has the following special needs\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

# Swimming Permission Form

My child, \_\_\_\_\_, has permission to participate in scheduled swimming at:

**Briscoe Park Swimming Pool  
2500 Sawyer Prkwy  
Snellville, GA 30078  
770-985-3535**

I understand children will be swimming in over two feet of water, and the proper student/teacher ratio will apply as mandated by state licensing. A certified lifeguard will be at the pool at all times.

If your child has successfully completed a swimming class requiring him/her to swim a distance of 15 yards unassisted, please attach a copy of the certificate. Without receipt of certificate, each child will be tested for his/her swimming ability before being allowed to go swimming by the certified lifeguards employed by TLC 4 Kids Summer Camp Program.

**Please check off appropriate skill level for your child:**

\_\_\_\_\_ **Non-swimmer (requires flotation device provided by parent)**

\_\_\_\_\_ **Emerging swimmer (can stay afloat in 4 ft of water for a short period of time WITHOUT flotation device)**

\_\_\_\_\_ **Independent swimmer (can swim length of pool WITHOUT flotation device)**

Your signature constitutes and is evidence of:

- Your consent to permit your child to participate in swimming activities.
- Your agreement to accept general liability for the participation of your child in the swimming activities.
- Your agreement to waive, release, indemnify and hold harmless TLC 4 Kids Summer Camp Program and Trinity Lutheran Church, its members, agents and employees from any and all claims and liability arising out of your child's participation in the program.

\_\_\_\_\_  
Parent/Guardian (Please Print)

-----  
Parent/Guardian Signature

-----  
Date

# TLC 4 Kids Summer Camp Movie Permission Form

Through the course of the summer, TLC 4 Kids Summer Camp Program will be watching movies. State licensing requires us to have written permission from the parents to show any PG movies. Some examples of PG movies that we will be watching are: Shark Tales, Atlantis, Over the Hedge, Robots and Eight Below.

Yes, \_\_\_\_\_ (child's name) has my permission to watch PG movies while at TLC 4 Kids Summer Camp.

No, \_\_\_\_\_ (child's name) does not have permission to watch PG movies while at TLC 4 Kids Summer Camp.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please be aware that all movies are previewed to make sure that they are appropriate for your children.



# Allergy Action Plan Form

(To be completed by Health Care Provider ONLY)

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Allergy** (check applicable)

- Foods (list) \_\_\_\_\_
- Medications (list) \_\_\_\_\_
- Stinging Insects (list) \_\_\_\_\_
- Latex

**If these symptoms:** (to be determined by physician authorizing treatment)

- |  |                                      |  |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea         | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough          | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing       | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness                  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

**Antihistamine:** \_\_\_\_\_  
Medication/dose/frequency

**Epinephrine: inject intramuscularly (circle all that apply)** EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg  
(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

**Other:** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent or Guardian Information (Please Print)

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

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

# Asthma Action Plan Form

(To be completed by Health Care Provider Only)

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

*Step 1.*

**Emergency Asthma Medication:**

Name	Amount	When to use

*Step 2.*

**Seek emergency medical care if the child has any one of the following:**

- **No improvement minutes after initial treatment with medication**
- **Struggling to take a breath**
- **Chest and neck pulled in with breathing**
- **Child having trouble walking or talking**
- **Lips or fingernails are gray or blue**

**Special Instructions** \_\_\_\_\_

**Doctor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Information: (Please print)**

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide medication(s) needed to treat asthma symptoms. Parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, parent agrees to allow TLC Community Schools to treat child for asthma symptoms or to call 911 if asthma symptoms do not improve.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Child's Name \_\_\_\_\_

PLEASE CIRCLE WEEKS YOUR CHILD WILL BE  
ATTENDING TLC 4 KIDS SUMMER CAMP

	<u>DATES</u>	<u>ATTENDING</u>		<u>TUITION</u>	<u>DUE</u>
Week #1	May 28-May 31	Yes	No	\$125.00	May 28
Week #2	June 3-June 7	Yes	No	\$125.00	May 31
Week #3	June 10-June 14	Yes	No	\$125.00	June 7
Week #4	June 17-June 21	Yes	No	\$125.00	June 14
Week #5	June 24-June 28	Yes	No	\$125.00	June 21
Week #6	July 1-July 5	Yes	No	\$125.00	June 28
Week #7	July 8-July 12	Yes	No	\$125.00	July 5
Week #8	July 15-July 19	Yes	No	\$125.00	July 12
Week #9	July 22-July 26	Yes	No	\$125.00	July 19

\*\$25.00 Weekly discount for sibling(s)

**FEES NEED TO BE PAID THE FRIDAY PRIOR TO THE RESERVED WEEK.**  
**NO EXCEPTIONS!**

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## TLC Summer Camp Calendar

<b>Week</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>May 28-31</b>  "Summer's Here!"	<b>Memorial Day</b>  No Camp!	First Day of <b>SUMMER CAMP!</b>	Craft Day	Water Day  *BRING swimsuit, towel, flipflops, sunscreen	Field Trip  <b>Stone Mountain Park Hike/Picnic</b>
<b>June 3-7</b>  "Yes You Can!"	Craft Day	Pool Day Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	Craft Day  Children's Bible Study	Field Trip  <b>INK Museum</b>	Field Trip  <b>INK Museum</b>
<b>June 10-14</b>  "All About Adventure"	Craft Day	Pool Day Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	Craft Day	Water Day  *BRING swimsuit, towel, flipflops, sunscreen	Field Trip  <b>Yellow River Animal Sanctuary</b>
<b>June 17-21</b>  "Space and its Many Surprises"	Craft Day	Water Day  *BRING swimsuit, towel, flipflops, sunscreen	Craft Day  Children's Bible Study	Water Day  *BRING swimsuit, towel, flipflops, sunscreen	In-House Field Trip  <b>BLASTOFF Magic Show</b>
<b>June 24-28</b>  "Vacation Bible School Week"	VBS	VBS Water Day  *BRING swimsuit, towel, flipflops, sunscreen	VBS	VBS	VBS <b>WATERSLIDE</b>  *BRING swimsuit, towel, flipflops, sunscreen
<b>July 1-5</b>  "Let's Celebrate AMERICA!"	Craft Day	Pool Day Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	Craft Day	<b>4<sup>th</sup> of July</b>  No Camp	Field Trip  <b>Movie Theater (Toy Story 4)</b>

<b>July 8-12</b>  <b>"Minute to Win It"</b>	<b>Craft Day</b>	<b>Pool Day</b> Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	<b>Craft Day</b>  <b>Children's Bible Study</b>	<b>Water Day</b>  *BRING swimsuit, towel, flipflops, sunscreen	<b>In-House Field Trip</b>  <b>Minute to Win It Tournament</b>  <b>Ice Cream Truck</b>
<b>July 15-19</b>  <b>"How High Can You Fly?"</b>	<b>Craft Day</b>	<b>Pool Day</b> Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	<b>Craft Day</b>  <b>Children's Bible Study</b>	<b>Field Trip</b>  <b>Treetop Quest</b>	<b>Field Trip</b>  <b>Treetop Quest</b>
<b>July 22-26</b>  <b>"So Long Summer"</b>	<b>Craft Day</b>	<b>Pool Day</b> Briscoe Park Pool  *BRING swimsuit, towel, flipflops, sunscreen	<b>Field Trip</b>  <b>Dave and Buster's</b>	<b>Field Trip</b>  <b>Dave and Buster's</b>	<b>Last Day of Summer!</b>  <b>Ice Cream Party</b>  <b>Face Painting</b>

**ON ALL SWIMMING DAYS, WE WILL BE SWIMMING AT BRISCOE PARK  
 SWIMMING POOL LOCATED AT  
 2500 Sawyer Pkwy Snellville, GA 30039**  
 Sometimes weather does not permit us to swim. Unfortunately, we are unable  
 to make up swim days.

**Field Trips are subject to change if necessary.**



## Vacation Bible School

June 24-28

9:00 am - 12:30 pm

Child's Name:

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Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Preschool Age (*Must be potty-trained*): 3 year old 4 year old pre-K

Elementary Grade Completed (circle): K 1st 2nd 3rd 4th 5th

Address:

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Email:

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*(We will be sending emails with information for VBS)*

T-Shirt size: Youth XS Youth S Youth M Youth L Youth XL  
Adult S Adult M Adult L Adult XL Adult XXL

Love Offering (*optional*): \_\_\_\_\_

Member of Trinity: Y/N If no, Home

# ***TLC Summer Camp Participant***

Special instruction/information: \_\_\_\_\_

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Trinity Lutheran Church 1826 Killian Hill Road Lilburn, GA 30047  
Phone: 770-972-4418 Fax: 770-972-6170 info@tlc-lilburn.org