

(complete **ONE** form per child) Additional forms & information available at: [trinitysanrafael.org/children](http://trinitysanrafael.org/children)

This Christian Summer Camp Program is designed for children ages 3 to 12 years.

\*ALL children must be able to function in a group setting \*ALL children must be potty trained



Please direct questions to Dave Levy  
@ (415) 233-2695 or [davedce@gmail.com](mailto:davedce@gmail.com)

**Trinity Lutheran Church**  
333 Woodland Avenue  
San Rafael, CA 94901

Child's Name: \_\_\_\_\_ Group # (church use only) \_\_\_\_\_

Street Address \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent 1: \_\_\_\_\_ Phone # to reach Parent 1 during VBS \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone # to reach Parent 2 during VBS \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in the Fall \_\_\_\_\_ School \_\_\_\_\_

e-mail \_\_\_\_\_ Home Church \_\_\_\_\_

Name of special friend your child would like to be with \_\_\_\_\_

Person(s) scheduled to pick up your child [if different from parent(s)] \_\_\_\_\_

*I hereby grant permission for (child) \_\_\_\_\_ to participate in "Stellar" activities sponsored by Trinity from **July 31 – August 4, 2023 from 9:00am to 12:15pm** and to receive any necessary emergency first-aid, medical or surgical attention in the event of accident or illness.*

*Participation will grant permission to take photographs and video of your child that may be used for any lawful purpose such as publicity, illustration, advertising and web content. Please contact Dave Levy with any questions.*

**Are there any special accommodations or allergies we need to consider for your child?**

\_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Medical Insurance # \_\_\_\_\_

Emergency contact [if parent/guardian(s) are unavailable] \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

**\*I am interested in helping with Trinity's "Stellar" - Bible Camp Program\***

Name: \_\_\_\_\_ Phone \_\_\_\_\_

I prefer to assist with (circle your options):

Tech | Snacks | Games | Crafts | Preschool | Crews | Other \_\_\_\_\_

~ A \$40 donation per child is requested to help cover program costs for the week ~