

SUMMER CAMP 2021

WLS
SUMMER
FUN
2021

**SIGN UP
TODAY!**

JUN. 21ST
TO
AUG. 27TH

7:30AM-6PM

310.670.5422
WWW.WLCS.ORG

SUMMER CAMP 2021



Summer Camp starts Monday, June 21st and ends Friday August 27th Camp hours are 7:30 am-6:00 pm. Return completed form to the school office before or by June 11th, along with the attached release forms.

Cancellation fee: \$75.00. Camp includes VBS, Basketball Camp, & Special Lunches. 1st payment due with registration form.

Student Name: _____ Current Grade: _____

Student Name: _____ Current Grade: _____

Student Name: _____ Current Grade: _____

Field trip departure time is 9:00 am.

Wk#1—Kick-Off Week/Basketball Camp (Jun 21-25) Friday Lunch Pizza	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#2 – Stars & Stripes (Jun 28-Jul 2) Field Trip – Bowling & Lunch	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#3 – Under the Stars (Jul. 5- 9) Friday Lunch – Space-ghetti & Comet Balls	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#4 – Animal Kingdom (Jul 12-16) Field Trip -Pet Space or Eco Station TBA (Bring lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#5 – Animation & Theater (Jul 19-23) Field Trip – Bob Baker Marionette Theater (Bring Lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#6 – Vacation Bible School (Jul 26-30) Friday Lunch – 9am-12pm	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#7 -Water & Oceanography (Aug 2-6) Field Trip TBA (Bring lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#8 – Prehistoric (Aug 9-13) Field Trip -Dinosaurs Wonders (Bring lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#9 – Science Week (Aug 16-20) Field Trip -California Science Center (Bring lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
Wk#10 – Art Week/Basketball Camp (Aug 23-27) Field trip -Bob Baker Marionette Theater (Bring lunch)	<input type="checkbox"/> Full time \$305	Daily Rt <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F x \$75	\$
TOTAL			\$

PLEASE INDICATE PAYMENT METHOD: (Please note: a convenience fee will be added if paying with a credit card.)

Deduct payment as automatic withdrawals (ACH) from my Bank Acct. Credit Card

I will submit a check to the school office. June payment due with this form; July & August due 1st of each month.

Parent Signature: _____ Date: _____

WESTCHESTER LUTHERAN EMERGENCY FORM

Student Last Name	First Name	F M	Date of Birth	Grade
		Sex		

Siblings: _____ **Grades:** _____

Mother's Name	Father's Name
()	()
Home Phone	Home Phone
()	()
Cell Phone	Cell Phone

Home Address	Home Address
City, St ZIP Code	City, St ZIP Code

Provide an email where school correspondence can be send _____

Place of Employment	Place of Employment
Occupation	Occupation
()	()
Work Phone	Work Phone

Provide an email where school correspondence can be sent _____

Parents Marital Status: Married Separated Divorce Other, explain _____

Child lives with: Both Parents Mother Only Father Only Joint Custody Guardians

If joint custody arrangement, indicate school days with each parent. _____

Alternative Emergency Contacts – If need rises for my child to be picked up from school and I cannot be reached, I authorize school personnel to call any of the following persons to pick up my child:

Name	Relationship	Work Phone	Cell Phone
		()	()
Name	Relationship	Work Phone	Cell Phone
		()	()
Name	Relationship	Work Phone	Cell Phone
		()	()

Medical Information – I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Student's Doctor _____ **Phone** _____

Address _____

Student's Allergies/ Special Health Considerations:

My child may be given Tylenol: Yes No if yes check one: Children's Junior

I give permission for my child to go on field trips. I release Westchester Lutheran School and individuals from liability in case of accident during activities related to Westchester Lutheran School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ **Date** _____