



## 2024 Faith Lutheran Church Day Camp Registration Form

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Camper Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Does the camper attend church? Y / N If so, where? \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_\_\_ M / F

Age \_\_\_\_\_ Current Grade (grade child will enter in the Fall) \_\_\_\_\_

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Parent/Guardian Name(s) \_\_\_\_\_

Best phone number during the day \_\_\_\_\_ cell / home / work

Alternate number \_\_\_\_\_ cell / home / work

Home address (if different from camper) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**I give permission for my child to participate in day camp at Faith Lutheran Church - Meadow Vista in 2024.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_)

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Photo/Video Release: Faith Lutheran Church will be taking pictures and/or video throughout the week to be used internally. By signing below, you give that entity permission to use photographs/videos of you/your child taken during day camp to be used in future reporting, on the website, and other promotional materials. If published/posted online, full names will not be used in conjunction with the pictures.

Signature of parent/guardian or adult participant \_\_\_\_\_

Date \_\_\_\_\_



**Evangelical Lutheran  
Church in America**  
God's work. Our hands.



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