



Introduction

Camp Crusader is owned and operated by Lamb of God Lutheran Church. This is Lamb of God's vision for ministry:

To be a growing community of believers, spiritually equipped by the power of the Holy Spirit to change lives by bringing people into a deeper relationship with God in all their family and life relationships.

Camp Crusader is part of Lamb of God's outreach into the community, so that more children will come to know Jesus. It is through the children that we hope to reach more families. The vision of Camp Crusader is:

To show all children that the love of God is always with them especially during their years of growing into young adults. To also give them some positive role models for extra support during the summer months.

Camp Crusader admits students of all race, color, national or ethnic origin who have completed Kindergarten through 5th grade.

Lamb of God Lutheran Church & School Camp Crusader Registration Form 2009

ENROLLMENT DATE: _____ Most Recent Grade Completed : _____

Please circle the session number(s) that your child will be attending:

1 June 8th – 26th 2 June 29th – July 17th 3 July 20th – Aug. 7th 4 Aug. 10th – Aug 20th

Registration Fees: Session 1, 2, 3 - \$20.00 per session Session 4 - \$15.00

Child's Last Name: _____ First Name: _____ Gender: M/F
 Date of Birth: _____ Custodial Parent: _____ Financial Responsibility: _____
 Church Home: _____ Child Baptized? Yes or No
 T-shirt Size (circle one): Youth M Youth L Adult S Adult M Adult L

Father's Name: _____ E-Mail: _____
 Address: _____ Home Phone (___) _____
 City: _____ Zip: _____ Cell Phone (___) _____
 Father's Employer: _____ Work Phone (___) _____

Mother's Name: _____ E-Mail: _____
 Address: _____ Home Phone (___) _____
 City: _____ Zip: _____ Cell Phone (___) _____
 Mother's Employer: _____ Work Phone (___) _____

I hereby authorize my child to leave LOGLS only with the following persons other than parents:

Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____

I designate the following person to be contacted in the event of an emergency if I cannot be reached:

_____	_____	_____
Name	Telephone	Relationship

How did you hear about LOGLS? _____

_____ _____
 Parent's Signature Date

OFFICE USE ONLY
 Registration Fee \$ _____ Date Paid _____ Check or M.O. # _____ Cash Receipt # _____

Medical Information Required 2009-2010

Child's Name: _____ Birthdate: _____

Parent's Name: _____

A CHILD WHO APPEARS ILL UPON ARRIVAL WILL NOT BE ADMITTED TO CLASS!

NOTE: The parent should authorize the physician (at the time of registration) to accept a call from Lamb of God Lutheran Church & School's staff for emergency medical care.

ADMISSION REQUIREMENT

One of the following must be presented when your child is admitted to the program. Check to indicate the option you select:

_____ Signed Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

Physician's Written Name

Physician's Signature

Date

OR

_____ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program.

Name, complete address and phone number of physician

Signature – Parent of Legal Guardian

Date

*IMMUNIZATION RECORD MUST BE ATTACHED OR FAXED TO (281) 446-0289.

*YOU MUST PROVIDE PROOF OF HEARING/VISION SCREENING FOR CHILDREN AGE 4 AND UP.

TREATMENT FOR MINORS CONSENT FORM

2009-2010

Northeast Medical Center or other: _____ . Please accept this letter as authority to treat my child, in case of emergency, whose name is listed below:

CHILD (Full Name)

BIRTHDATE

Allergies: Medication _____
 Food _____
 Environmental/Other _____

Regularly Administered Medications: _____

Child's Doctor _____ Phone (____) _____
 Located at _____.

If you are unable to contact him/her, please accept this letter as your authorization to use the doctor on call in the emergency room for any necessary medical treatment.

I/We being the parent(s) or legal guardian(s) of the above named minor do hereby appoint the following individual(s) to act in my/our behalf in authorizing medical, dental, surgical care, and hospitalization for the above named minor in the event I cannot be reached.

Name & Relationship to Child	Address	Phone

Insurance Co: _____ Group #: _____ Benefit Verification Phone # (____) _____
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Mother's Employer: _____ Phone (____) _____
 Father's Employer: _____ Phone (____) _____

General Permission & Release:

FIELD TRIPS

My child _____ (child’s name) has my permission to go on LOGLS field trips while accompanied by school personnel. We (I) understand that we (I) will be informed before each trip and will notify the school if we (I) do not want our (my) child to participate.

WATER PLAY

I hereby give my consent for _____ (child’s name) to participate in the following water activities:

- Water Table Play Wading Pools Splashing Pools

PHOTOGRAPHIC RELEASE

With the intent to be legally bound, I give permission to Lamb of God Lutheran Church & School to photograph/videotape my son/daughter _____, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting Lamb of God Lutheran School to the public. I relinquish all rights, title and interest in the finished photographs, negatives, and videotape film. Initial - _____ yes _____ no

CHURCH MAILING LIST RELEASE

I also give permission to add my family to the church mailing/email list for release of church information only Mailing/Email List: Initial - _____ yes _____ no.

MEDICINE RELEASE

The following medications are available at the facility to use if needed. Please initial only the following items that you authorize to be used on your child.

- | | |
|--|-------------------------|
| _____ Sting Relief Medication | _____ Sunscreen |
| _____ Benadryl Cream | _____ Bactine |
| _____ Infant’s Pain Reliever (_____ dosage) | _____ Insect Repellent |
| _____ Children’s Motrin (_____ dosage) | _____ First Aid Cream |
| _____ Children’s Allergy Relief (_____ dosage) | _____ Burn Gel |
| _____ Baby Powder | _____ Diaper Rash Cream |

MEDICAL

In the event that I or my spouse cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to secure medical help for my child.

Parent Signature: _____

Subscribed and sworn to, before me, this _____ day of _____ 20____.

Notary Public Signature: _____

LAMB OF GOD LUTHERAN SCHOOL
Early Childhood Center
EZ-EFT ENROLLMENT FORM

*Your child's tuition will automatically be drafted from your account every
Friday in advance of services for the upcoming week.*

NAME OF CHILD: _____

Choose One:

Checking Account Transfer (Please attach voided check)

Savings Account Transfer

Account Number: _____

Routing Number: _____

Credit Card (Mastercard or Visa)

Please Note: a 3% service fee will be added to your weekly draft

Visa Card Number: _____ Exp: _____

Mastercard Number: _____ Exp: _____

Account Holder Information:

(Note: the information listed below must match the information on the account)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____

Authorization:

I hereby authorize _____ to make payment on my behalf from the checking,
Name of financial institution
savings or credit account listed and transfer it to **Lamb of God Lutheran Church and School.**

Signature: _____ **Date:** _____



PARENT HANDBOOK SUMMER 2009

- I have read and understand the policies established for the Summer Camp Programs 2009.

Parent's Name

Date

2009 Camp Crusader Operational Policies

► Please keep this information at home for your records ◀

Application Form

For your child's safety and to comply with state regulations, the Enrollment Information Form must be completed and on file in the school office before your child may attend. This form must be renewed annually.

Registration fee for the 2009 Summer program is \$20.00 per Session 1, 2, 3 and \$15.00 for Session 4. Registration is incomplete without the fee. Registration fees are non-refundable.

The Health Requirement Form, which includes the shot record, doctor's statement, and doctor's signature, must be provided. Also, all paperwork included in this packet must be returned to the school office prior to your child's admission. *The Treatment for Minors Consent Form must be notarized on the back. Wendy Corona in our Early Childhood office is available from 10 a.m. to 6 p.m. to provide this service free of charge.

Tuition

Weekly tuition will be \$150.00 (includes all field trips). "We have a pay and drop policy." All tuition payments must be remitted via EZ-EFT electronic bill payment weekly in advance of services rendered. If tuition is not paid, the child will not be allowed to stay.

- Camper must commit and pay for an entire session. The tuition payment remains the same regardless of illness, family vacation, holiday.
- Registration fees can be paid by cash, check or EZ-EFT electronic draft. Please hand all cash directly to an office staff member for a cash receipt.
- A charge of \$30.00 will be assessed for returned drafts/checks .
- After an insufficient check has been received, that payment MUST be made by cash or money order.
- Additional charges may occur for special camp equipment.

Hours of Operation and Overtime

- Camp Crusader's operates four Summer Sessions.
 - Session 1 June 8th – June 26th
 - Session 2 June 29th – July 17th
 - Session 3 July 20th – August 7th
 - Session 4 August 10th – August 20th
- Camp hours are 6:00 AM to 6:00 PM Monday – Friday.
- Please be punctual in picking up your child.
- A late fee of \$1.00 per minute for each child will be charged after 6:10 PM.
- After three late pick-ups, the charge increases to \$3.00 per minute.
- Must arrive no later than 9:00 A.M. on days of field trips. If children arrive after the bus departs they will not be able to attend the field trip.

Arrival and Departure

- We ask that when you drop-off/pick-up your child, bring them to their classroom for safety purposes. Camp Crusader's classrooms will be located in the Education Building. Parents must sign in/out their children.
- **PLEASE DO NOT PARK IN THE DESIGNATED STAFF OR HANDICAPPED PARKING.**

- As always, please drive slowly through our campus.
- If deviation from normal pick-up routine, please supply notification in writing with the name and description of the individual authorized to pick-up your child. In an emergency, you may call the school to give the name and description of the person. The person must be prepared to present picture ID in order to pick-up.
- In the case of divorced or separated parents, it is important that we have evidence of legal custody on file if the other parent is not allowed to pick-up the child.

Field Trips

Children must wear camp shirts and tennis shoes on field trip days. Transportation will be provided by a contracted Bus Company equipped with seat belts, air conditioning and licensed/experienced drivers.

Changes

If your address or phone number changes (home or office), please let us know in writing as soon as possible. This oversight could be serious in case of an emergency.

Needed Items

Everything should have your child's name somewhere on the article. Parents and campers need to make sure that they also understand it is the child's responsibility to keep up with their toys, clothes and extra money. The staff is not responsible for any lost or stolen items.

<p>Daily</p> <ul style="list-style-type: none"> • Backpack • Water bottle with child's name on it • Sunscreen and bug spray • Extra set of clothes • Lunch <p>Swim Days</p> <ul style="list-style-type: none"> • Towel(s) • Swim suit • Swim Shoes 	<p>Other items your child may bring</p> <ul style="list-style-type: none"> • Walkman with earphones • CD Player with earphones • Age appropriate music (no foul language) • Computer software • Gameboys (No trading or borrowing to take home) • Board games • Pillow and Blanket • Movies for movie day • Roller Blades with all the protective gear
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Games

We have an X-Box game and Nintendo 64 available to all the campers. We are asking that you make sure that your camper will bring only non-violent games to play that will be suited for all ages, rated 'E' for everyone. We will not allow the campers to play games that are violent.

Movies

Camp Crusaders movie policy is, movies rated 'G' and 'PG' only. We will not show a PG-13 movie here at school. If there is a certain movie that you do not want your camper to watch, please notify your teacher.

Activities

The Campers will open in Worship & Praise every morning at Camp Crusaders in the Sanctuary. Daily they will dig deep and experience God's Word through various activities and Vacation Bible School the week of July 13th. The children will experience weekly water fun, one field trip and each session a new creative learning theme. Lots, Lots More!