Lutheroad Day Camp Registration June 30-July 3, 2025

Child's Name		Name Preferred _	_ Name Preferred	
Parent's Name		E-Mail Address		
Home Address	(Street)	(Town)	(Zip Code)	
		ytime Phone		
Date of Birth		Sex Grade for 2	025/2026	
Please list any physica treatment needed for	- · · · · · · · · · · · · · · · · · · ·	s, special medical probl	ems, is emergency	
Please list any special	instructions that ma	y help the Camp Staff v	ork with your child.	
**Can your child swim	? YES1	NO		
Camper T-shirt Sizes Child Sizes: S(6-8) M(10-12) L(14-16)	Adult Sizes:	_ XL	-	
	nild. Each child must have a s	siblings. Please return this separate registration form. The		
NON-REFUNDABLE Dep	oosit (per Child)	<u>\$5</u>	0.00	
Remaining Balance Du	IE (\$100.00 1 st child or \$80.00	O for siblings)		
TOTAL AMOUNT ENCL		 ch and note for Summer Camp 2	025)	
Parent's Signature			Date	

Please return completed form and deposit to: St. Stephen's Lutheran Church Attn: Shannon Burnett 119 N. Church St. Lexington, SC 29072