

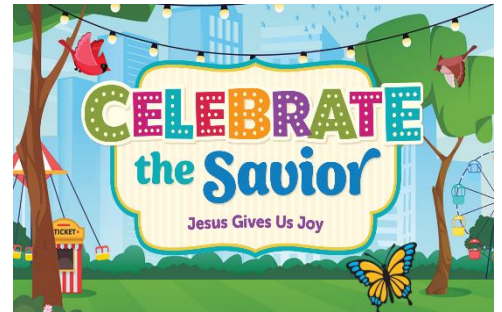
# Spirit Camp 2024

Faith Lutheran Church is opening registration for Spirit Camp 2024. The camp will fill up quickly. Registration is on a first come, first served basis.

Location: 2200 S. High Street, Bloomington, IN 47401

Dates: Monday-Thursday, June 10-13, 2024

Groups: Age 3-Kindergarten (must be potty trained)—9:00 am-11:30 am  
Grades 1-6—9:00 am-2:00 pm (bring a sack lunch)



Cost: Free

Please list below your child(ren) you would like to register for Spirit Camp.

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_

Age as of June 10, 2024 \_\_\_\_\_

List the grade they will be going into (Kindergarten-6th grade) \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_

Age as of June 10, 2024 \_\_\_\_\_

List the grade they will be going into (Kindergarten-6th grade) \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_

Age as of June 10, 2024 \_\_\_\_\_

List the grade they will be going into (Kindergarten-6th grade) \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_

Age as of June 10, 2024 \_\_\_\_\_

List the grade they will be going into (Kindergarten-6th grade) \_\_\_\_\_

**OTHER SIDE MUST BE COMPLETED**

**There will be a medical release and information form sent at a later date**

Parent(s) Name(s) \_\_\_\_\_

Contact email address \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Home Church \_\_\_\_\_

Photos will be taken at Spirit Camp. One photo of each child will be used for a take-home craft project. Others may be displayed inside the building (slide show or bulletin board) or on the Church website, always without names.

You may use my child's photo inside the building (initial) \_\_\_\_\_

You may use my child's photo on the website(initial) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Individualized special notes:

Food allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Medical information we should be aware of \_\_\_\_\_

Special needs/accommodations, or behavioral issues we should be aware of in order to better serve your child(ren) \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event of an emergency, the Spirit Camp staff will first contact the parents at the phone numbers listed above. Please list an alternate contact person in case the parents cannot be reached.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Daily Pick-up**

For your child(ren)'s safety, please list name(s) of the adult(s) who will be picking your child(ren) up each day.

Name	Relationship	Phone Number
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