



## First Lutheran Summer Camp

1207 N Broadway, Knoxville TN., 37917

May 27- July 24, 2026 **closed June 19, July 3**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Last grade attended \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

St: \_\_\_\_\_ zip: \_\_\_\_\_ Phone: (cell) ( ) \_\_\_\_\_ - \_\_\_\_\_ Wrk: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ . Email: \_\_\_\_\_

Additional pick-up approval (Name, relationship, phone number):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Photo ID will be needed when picking up

Reg. fee \$90.00 /\$75.00 before February 23rd Weekly Fee: \$130.00 **due each Monday or at the beginning of the Month if paying monthly.**

I understand that if I notify the camp of vacation time prior to the vacation I will NOT be charged.

**Allergies:** \_\_\_\_\_

Instructions: \_\_\_\_\_

T-Shirt size: YS, YM, YL, AS, AM, AL (please circle)

**Yes/No** My child's photo may be used in advertisement and shared with other campers in scrapbooks.

I give permission for emergency treatment to be given to my child by Fort Sanders/ Children's Hospital (circle your choice) (Parent or Guardian signature)

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Please attach a copy of immunization records for our files if not a student of First Lutheran School or ECE