

# Kids Camp at Calvary Lutheran Preschool

730 South New Street  
West Chester, PA 19382

[calvarypreschoolwc@gmail.com](mailto:calvarypreschoolwc@gmail.com)

610-696-3427

## Application for Admission

Child's Name \_\_\_\_\_  
(first) (middle) (last)

Preferred Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Caregiver Name \_\_\_\_\_ Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Caregiver Name \_\_\_\_\_ Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

**Please check this box to include your child's name and family contact information in our School Directory.**

What should we know about your child?

\_\_\_\_\_  
(includes allergies, disabilities, fears, habits, family situations, other languages spoken; use reverse side if needed)

Siblings and Ages \_\_\_\_\_

### **Alternate Emergency Contacts** (parents/caregivers listed above will be contacted first):

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Circle Camp Weeks\*: Week 1 (6/3-6/7) Week 2 (6/10-6/14) Week 3 (7/29-7/31) Week 4 (8/19-8/23)

*\*all weeks are 5 days, Monday through Friday, from 9:00am-12:30pm.*

Comments: \_\_\_\_\_

I give my permission for photographs or video clips of my child engaged in aspects of the Calvary Lutheran Preschool educational program to be used for advertising or marketing, or to be shared with the Calvary Lutheran Church or Preschool Community.  Do Consent  Do Not Consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp payment schedule-** First week camp payment is due at time of enrollment (\$150.00). Payment for additional camp weeks is due by July 1st, 2024 (rate of \$150.00/week of camp). *Checks should be made payable to Calvary Lutheran Preschool, and sent to the address above to the attention of Heather Truitt.*