

FAMILY OF CHRIST LUTHERAN
2026 Summer Camp Registration
16190 Bruce B. Downs Blvd., Tampa, FL 33647
813-558-9343

Reagan Colley, Director

Landon Ledlow, Pastor

CHILD'S NAME _____

SEX _____ BIRTHDAY _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

Parent Email Address _____

PLEASE PRINT CLEARLY

MOTHER'S NAME _____

CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

FATHER'S NAME _____

CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Parties authorized to 1) Remove child from our center; 2) Be called in a medical emergency:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

We will not release your child to anyone without your written or verbal permission. They must present proper photo identification.

Current marital status of parents: Single Married Divorced Separated Joint Custody

(Please attach copies of court documents defining custody if applicable.)

IN CASE OF EMERGENCY/MEDICAL INFORMATION

PARENTS ARE RESPONSIBLE FOR MEDICAL COVERAGE FOR THEIR CHILD SHOULD INJURY OCCUR ON THE FAMILY OF CHRIST PREMISE OR AT ANY OFF-PREMISE FUNCTION.

If my child should become ill or injured at your center, I understand that Family of Christ CDC will:

1) Contact me immediately, 2) contact the persons I have designated above if I cannot be reached. Should Family of Christ CDC be unable to reach me and/or persons designated above, they are authorized to contact my child's physician and/or arrange for emergency treatment. The physician and/or medical facility is authorized to administer emergency medical treatment necessary for the health and safety of my child. I will be responsible for payment of medical services rendered.

Date _____ Signature of Parent/Guardian _____

PHYSICIAN _____ PHONE _____

ADDRESS _____ HOSPITAL PREFERENCE _____

MEDICAL INSURANCE _____ POLICY # _____

ALLERGIES OR PERTINENT INFORMATION _____

***Family of Christ Child Development Center admits students of any race, color, national or ethnic origin.*

REGISTRATION & TUITION POLICY

Summer registration is \$105.00 per child. A Family of Christ fieldtrip t-shirt and supplies are included.

You will receive a link for your payment. Registration fees are due at the time of enrollment and are non-refundable.

I understand that all payments are processed through FINACS, a payment processing system. Based upon this registration paperwork, you will be emailed a link for payment the week prior to attending. Each week you are registered, you are responsible for paying your camp payment the Thursday prior to attending the session. If payment is not received, you will not be able to attend. **Notification of changes or cancellations for the sessions indicated below MUST be received by the office no later than Tuesday at 5:00pm of the prior week or you will be charged an additional \$50 fee for that week. No exceptions! If we do not receive notification or payment, we will put another child in the spot and your child will not be allowed to attend.**

Returned or declined payments will be assessed a \$20 fee. If two or more payments are returned for non-payment, you may be required to pay in cash or money order (subject to the above fees) or your child(ren) may be withdrawn from our program.

Date _____ Signature of Parent/Guardian _____

AUTHORIZED PHOTO PERMISSION

I, _____, DO / DO NOT give my permission for my child, registered above, to be photographed for use with social media or advertising in regard to promoting Family of Christ Lutheran Church, Child Development Center or School.

Date _____ Signature of Parent/Guardian _____

FIELD TRIP PERMISSION

I give permission to Family of Christ to transport my child to and from the center on field trips under the proper supervision of Family of Christ staff. I will refer to the monthly summer calendar for dates and trip locations. All field trip fees are included in the cost of weekly tuition.

Date _____ Signature of Parent/Guardian _____

Hours of Camp: 8:00 a.m.- 4:00 p.m

FEES 5 days \$242 weekly 3 days \$187 weekly

Extended morning or afternoon care available as needed 7-8 or 4-5 this is an attendance only charge \$10 per session.

Billed separately to your account.

****Students must bring their own lunch. Ice Cream Fridays is \$1 due that day.***

You must sign up in advance for the week(s) you wish to attend

Grade Entering: _____ Shirt Size: (circle one) Sm. Med. Lrg. XL.

**Please circle the sessions your child will attend, and you must circle the days they will attend.
Due to availability days cannot be adjusted once registered.**

Week 1	June 1 - June 5	M/T/W/TH/F
Week 2	June 8 - June 12	VACATION BIBLE SCHOOL WEEK visit church web site to register
Week 3	June 15 - June 19	M/T/W/TH/F
Week 4	June 22 - June 26	M/T/W/TH/F
Week 5	June 29 - July 1 closed 2 nd /3 rd	M/T/W
Week 6	July 6 - July 10	M/T/W/TH/F
Week 7	July 13 - July 17	M/T/W/TH/F
Week 8	July 20 - July 24	M/T/W/TH/F
Week 9	July 27 – July 31	M/T/W/TH/F