

FAMILY OF CHRIST LUTHERAN

2026 Summer PreSchool Camp Registration

Reagan Colley, Director

16190 Bruce B. Downs Blvd., Tampa, FL 33647  
813-558-9343

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 \$75.00 per child. A Family of Christ 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 an invoice 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 \_\_\_\_\_

**Hours of Camp: 8:30 a.m.- 12:30 p.m**

**FEES 5 days \$125 weekly 3 days \$95 weekly**

***Students must bring their own lunch.***

***Includes morning snack.***

***Ice Cream Fridays \$1 is due day of.***

***All children must be potty trained and 3/4 years old and entering VPK in August.***

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

**Shirt Size: (circle one) XS Sm. Sm. Med. Lrg. XL**

**Please circle the sessions your child will attend, and you must circle the days they will attend.**

Week 1	June 1 - June 5	M/T/W/TH/F
Week 2	June 8 - June 12	M/T/W/TH/F
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 <sup>nd</sup> /3 <sup>rd</sup>	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