



Faith Lutheran Church  
Walk This Way Kids Camp  
July 22 - 26, 2019  
9 a.m. - Noon

**FAMILY REGISTRATION FORM**

3 years through completed 5th grade.  
Must be potty trained.

**REGISTER EARLY!**  
**RATES WILL INCREASE AFTER JUNE 23, 2019**

On or before June 23 cost is: \$25/child, Max of \$60/family

After June 23 cost is: \$30/child, Max of \$70/family

**FAMILY INFORMATION**

Last Name: \_\_\_\_\_ Parent or Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Parent/Guardian #1 Cell: \_\_\_\_\_ Parent/Guardian #2 Cell: \_\_\_\_\_

Yes, we have a church home. Church Name: \_\_\_\_\_

No, we do not have a church home.  We would like more information about Faith.

**DISCLAIMER (PHOTO AND VIDEO RELEASE)**

I hereby grant Faith Lutheran Church permission to copyright and use images and videos taken at Kids Camp of any minor(s) designated on the back side of this form in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I understand that there will be no compensation for participating in photo/video shoot.

I DO NOT grant permission as stated above.

Parent or Guardian Signature: \_\_\_\_\_

**LIST ALL CHILDREN TO BE REGISTERED ON REVERSE SIDE**

**FAITH CONTACT INFORMATION**

Miranda Schmidt | 314.375.1125 | miranda.schmidt@faithstl.org  
Find more information about Kids Camp at faithstl.org/events



600 Columbia Center  
Columbia, IL 62236

## PARTICIPANT INFORMATION

Please list ALL children to be registered:

Eligibility: Ages 3 years old and potty trained by July 22, 2019 through completed 5th grade

**T-Shirt Sizes Available: Youth XS - L or Adults S - XL**

Name	DOB (mm/dd/yy)	Gender (M / F)	Grade Completed	T-Shirt Size	Name of Child's Friend*

**\* We will make every attempt to place your child(ren) in the same small group as their friend.**

## FOOD ALLERGIES OR SPECIAL NEEDS:

Child's Name: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_