

Dear Summer Camp Parents,

I'd like to welcome your child(ren) to our TLC 4 Kids Summer Camp this summer! The instructions below will help summer camp run smoothly if followed. Please make sure that you read all the information!

**We do not provide breakfast or lunch.** If your child arrives at camp before 9:00am, and has not had breakfast, they may bring their own breakfast to eat here. Your child will need to bring a lunch and water bottle daily with their name labeled clearly on the lunch box and the water bottle. All lunches will need to be cold, as there is NO access to a microwave! Summer camp will be providing all mid-morning and mid-afternoon snacks for your child.

On Tuesday and Thursdays, we will be having Water Days from 1-3pm. On ALL water days, your child will need to bring a swimsuit, a towel, labeled with their name, flip flops or water shoes and sunscreen. Please label EVERYTHING! If your children's items are not labeled, they could get lost or accidentally taken home by someone else. At this age, towels, swimsuits, flipflops, etc. seem to all look alike! Labeling everything saves a lot of arguing and tears! **Please understand that EVERYONE changes into a swimsuit, even if they do not want to get wet. It is too hot on the playground in the afternoon to not be in a swimsuit! This is NOT optional.**

Wednesdays and/or Fridays we will be taking field trips unless otherwise noted. We will be out of the building usually between 10:00am and 3:00pm. If you were to have an emergency and need to contact us, please call 678-344-3575 or 770-972-4418. Please make sure that before you leave your child on Monday mornings, you have signed the field trip permission slips for the week.

A menu of the week's snacks will be posted on the bulletin board next to the entrance for summer camp along with TLC 4 Kids Summer Camp daily schedule. The theme for the week will be there as well.

We are looking forward to a great summer. If you have any questions or concerns, please call me at 678-344-3575 between 9:00am and 6:00pm.

Thanks!

Brenda Moody, Director

Trinity Lutheran Community Schools



# TLC 4 Kids Summer Camp

## ENROLLMENT FORM

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Elementary School Attending \_\_\_\_\_ Grade Just Completed \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one): ( ) Both Parents ( ) Mother ( ) Father ( ) Other

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### Permissions: (circle one)

- I give TLC 4 Kids permission to apply bug spray/sunscreen to my child. YES / NO
- I give TLC 4 Kids permission to photograph my child during school events and use those pictures on our church social media sites. YES / NO
- I give TLC 4 Kids permission to show Disney PG movies (ex: Bolt, Finding Dory, Coco) YES/ NO

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Medical Authorization:**

In the event parent(s) or guardian can't be reached, and medical treatment is indicated, TLC For Kids Summer Camp has my permission to authorize medical treatment for my child, \_\_\_\_\_.  
TLC For Kids Summer Camp uses Piedmont Eastside Medical Center for emergency treatment.  
Furthermore, TLC For Kids Summer Camp will not be held financially responsible for any medical care secured for treatment while attending said program.

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

**Medical Information:**

Medical Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Does your child have an allergy/asthma action plan? \_\_\_\_\_ EpiPen? \_\_\_\_\_

Does your child have any physical, cognitive, or behavioral difficulties that we should be aware of should you enroll him/her at TLC For Kids Summer Camp? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Child may be released to the person(s) signing this agreement or to the following:**

\* Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

\* Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

**Persons to contact in case of emergency when parent/guardian can't be reached:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

# Summer Camp Reservation Form

(This form **MUST** be filled out! **IF** you need to make changes to your reservation form, contact the office no later than the Friday prior to the reserved week!)

Monday-Friday  
6:30am-6:30pm

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

Please circle the weeks your child will be attending.

	<u>DATES</u>	<u>ATTENDING</u>		<u>TUITION</u>	<u>DUE</u>
Week #1	May 30-June 2	Yes	No	\$150.00	May 30
Week #2	June 5-June 9	Yes	No	\$150.00	June 2
Week #3	June 12-June 16	Yes	No	\$150.00	June 9
Week #4	June 19-June 23	Yes	No	\$150.00	June 16
Week #5	June 26-June 30	Yes	No	\$150.00	June 23
Week #6	July 3-July 7	Yes	No	\$150.00	June 30
Week #7	July 10-July 14	Yes	No	\$150.00	July 7
Week #8	July 17-July 21	Yes	No	\$150.00	July 14
Week #9	July 24-July 28	Yes	No	\$150.00	July 21

**FEES NEED TO BE PAID THE FRIDAY PRIOR TO THE RESERVED WEEK.**  
**NO EXCEPTIONS!**

**If we are not notified that your child will not be attending by the Friday prior to the week reserved, you will be responsible to pay for that week in full.**

## TLC for Kids Summer Camp Contract

This contract is entered into by \_\_\_\_\_.

(print parent's name)

and TLC for Kids Summer Camp, provider, for the purpose of securing

arrangements for childcare for \_\_\_\_\_.

(print child's name).

### **The parent agrees:**

1. To pay a registration fee of \$150.00 per child for TLC for Kids Summer Camp. No sibling discount for registration fee.
2. To pay the Provider the rate of \$ 150.00 per week for summer camp services for their child. There is a \$25.00 discount for sibling(s) for weekly tuition only.
3. To pay tuition to the Provider by the Friday prior to the week that camp occurs.
4. To pay the Provider an overtime rate of \$1.00 a minute for every minute beyond 6:30pm that the parent is late when picking up his/her child.
5. To pay for the week in full if the provider is not notified the Friday prior to a child's reserved week that they will not be in attendance.
6. To inform the Provider by 9:00am of child's absence from camp.
7. To make their presence known to staff upon arriving at the center.
8. To come to the center to pick up their child upon notification of child being sick.
9. To not bring child to center when child has a fever, unexplained rash, diarrhea, vomiting, or any other symptom of a contagious illness.
10. To keep the center informed of changes in emergency contact information, allergies, medical conditions, and written notice of person(s) to whom the child may be released.
11. To maintain open communication with the child's teacher(s) and Director of the center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Trinity Lutheran Church**  
1826 Killian Hill Road, Lilburn, GA 30047  
Phone: 770-972-4418  
Fax: 770-972-6170

[info@tlc-lilburn.org](mailto:info@tlc-lilburn.org)

**Vacation Bible School**  
July 10-14  
9:00 am - 12:00 pm

## ***TLC Summer Camp Participant***

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Elementary Grade Completed (circle): K 1st 2nd 3rd 4th 5th

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Medical Conditions/Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

# **Summer Camper**

# Allergy Action Plan Form

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

## Allergy (check applicable)

- Foods (list) \_\_\_\_\_
- Medications (list) \_\_\_\_\_
- Stinging Insects (list) \_\_\_\_\_
- Latex

## If these symptoms: (to be determined by physician authorizing treatment)

- |  |                                      |  |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea         | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough          | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing       | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness                  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected                      | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

## Antihistamine:

give \_\_\_\_\_  
Medication/dose/frequency

**Epinephrine: inject intramuscularly (circle all that apply)** EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg  
(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

Other: \_\_\_\_\_

## Parent or Guardian Information (Please Print)

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Asthma Action Plan Form

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

*Step 1.*

**Emergency Asthma Medication:**

Name	Amount	When to use

*Step 2.*

**Seek emergency medical care if the child has any one of the following:**

- **No improvement minutes after initial treatment with medication**
- **Struggling to take a breath**
- **Chest and neck pulled in with breathing**
- **Child having trouble walking or talking**
- **Lips or fingernails are gray or blue**

**Special**

**Instructions** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent Information: (Please print)**

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

\*Parent agrees to provide medication(s) needed to treat asthma symptoms. Parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, parent agrees to allow TLC Community Schools to treat child for asthma symptoms or to call 911 if asthma symptoms do not improve.

**Parent**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_