

## Tiered Pricing:

### A payment system for ALL families

West Linn Lutheran Church believes all kids should have the opportunity to attend camp. We know camp families have differing abilities to pay, so we offer a voluntary three-tiered pricing program to better meet all financial needs. Since you know your family's financial situation better than we do, we invite you to self-select the rate you can afford!

#### IMPORTANT:

**Reduced pricing doesn't change the quality camp experience your child receives!**

Having multiple payment options simply shows you the true cost of WLLC Day Camp programming and gives you the ability to decide how much you can pay toward camp. The level you choose is up to you. Consider selecting the highest price you can afford... it helps more kids come to camp!

#### Tier 1: \$40

Slightly subsidized for families needing some support to make camp affordable.

#### Tier 2: \$60

Most accurately reflects the "true cost" of camp.

#### Tier 3: \$80

Sponsor a fellow camper... Your contribution helps to fund Day Camp run by the program staff of Camp Lutherwood Oregon and helps provide leadership training to youth and young adults in our community.



## June 25-29, 2018

### Monday-Friday

Entering Grades 1st-6th:

- 9:00 am to 3:00 pm

Pre-K\* / Kindergarten:\*\*

*\*4-years old by start of camp and toilet trained.  
\*\* Subject to change/cancellation if group size is lower than 5 campers.*

- 9:00 am to 11:30 am

### West Linn Lutheran Church

20390 Willamette Drive

West Linn, Oregon 97068

503.656.0110

### Registration

<http://www.wllc.org/daycamp-2018.html>

**LUTHERWOOD  
ON LOCATION  
DAY CAMP**

# 2018 Lutherwood on Location @ WEST LINN LUTHERAN CHURCH REGISTRATION FORM

**Registration Deadline Date: JUNE 15<sup>th</sup>.** If needed, registrations will be accepted during the week of camp.

Return Completed Registration Form to:

West Linn Lutheran Church, 20390 Willamette Drive, West Linn, OR 97068 Attn: Day Camp 2018.

**CAMPER INFORMATION** (IF REGISTERING MORE THAN ONE CHILD PLEASE SUBMIT SEPARATE FORM)

Camper's Familiar Name \_\_\_\_\_

**Please Check One:**

Preschool (4 Years Old by Start of Camp and Must Be Potty Trained) \_\_\_\_\_

Entering Kindergarten (Must Be Potty Trained) \_\_\_\_\_

Entering 1<sup>st</sup> grade through 5<sup>th</sup> grade

Full Day \_\_\_\_\_ (9:00 am-3:30 pm) (Friday 9:00 am-12:00pm)

½ Day AM \_\_\_\_\_ (9-11:30 am) (Friday 9:00 am-12:00 pm)

Grade Entering (as of camp) \_\_\_\_\_ M ( ) F ( ) Birthdate \_\_\_\_\_ Age (as of camp) \_\_\_\_\_

**PARENT INFORMATION:**

Parent /Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Home Church \_\_\_\_\_ City \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to camper \_\_\_\_\_

**APPROVED DRIVER**

Name of Person(s) picking up the child: \_\_\_\_\_

Phone Number of Approved Driver: \_\_\_\_\_

Relationship to Parent and Child: \_\_\_\_\_

List days to be picked up: \_\_\_\_\_

My Child has permission to walk home, ride a bike home from Day Camp \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your child have any allergies (Food, Medication, Environmental, Other)? If so please list.

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

Does your child have any physical, behavioral, or emotional issues we should know about?

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

YES, I would like to help with Day Camp! (name and phone number) \_\_\_\_\_

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the Day Camp Healthcare Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

I also consent to the use of any photograph of my child or family in WLLC and Lutherwood Oregon publications.

\*A copy of this form will be shared with Camp Lutherwood Ministries at the end of the Day Camp week.

I consent for use of photograph of my child or family for WLLC \_\_\_\_\_(initial)

I consent for use of photograph of my child or family for Camp Lutherwood Oregon \_\_\_\_\_(initial)

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