

Summer Camp 2025

Camper's Name: I.		Age:	DOB:	
Camper's Name: 2.		Age:	DOB:	
Camper's Name: 3.		Age:	DOB:	
Enrolled in LTUMC Preschool 2024–2025		•		
Mother's Name:	Father's	s Name:		
Address:				
Mother's cell:		Father's cell:		
Email Address:	· · · · · · · · · · · · · · · · · · ·			
Allergies (<i>Please list</i>): Camper I	Camper 2		Camper 3	
*Please pack lunch, a snack and war an	old (by June I), up to ch at time of registration, Fundable cancellation fee ncel any camp based up)	ndergarten	
Ocean Ex	kplorers	Jur	e 3-5	
Camping	g Adventure	Jur	ne 10-12	
On the F	arm	July	y 8-10	
All camps are from 9am to 1pm				
Method of Payment: Check [1 Check # Amou	n <i>ts</i> Br	sightwheel[] Cash[]	

Parent Signature: _____ Date: ____