



SUMMER CAMP 2025

REGISTRATION FORM

Ages 3 to 6

Play! Create! Learn! Grow!

Please select your preferred time frame:

_____ June 2-6 _____ June 16-20

_____ June 9-13 _____ June 23-27

_____ 9:00am - 2:00pm

-or-

_____ 9:00am - 3:30pm

Children bring their own insulated lunch, labeled with their name, and children staying until 3:30 bring their own nap roll. Snacks and a reusable water bottle will be provided.

The cost per child is:

\$335/week for 9:00am - 2:00pm

-or-

\$395/week for 9:00am - 3:30pm

Children must have independent potty skills to participate in our summer camp, including naptime potty skills for those staying until 3:30pm.

Register your child by submitting this form to the school office (in person or via email to school@poplc.org) along with camp payment, either via check made payable to Prince of Peace Lutheran School or via the "online payments" option on the school website - www.poplc.org/school.

Child Information

Name: _____ Name at School: _____

Date of Birth: _____ Boy/Girl: _____

Address: _____

Primary E-Mail Address: _____

Primary Phone Number: _____

Allergies: _____ Severe or Life-Threatening? _____

Does your child take Prescription medicines? List: _____
Note: If your child will need to have any kind of medication administered while in school, a Written Medication Consent Form must also be on file in the School Office. This includes Epi-Pen and Rescue Inhalers.

My child has an IEP? _____
If so, please provide a copy to the school.

Mother's Information **Primary contact?** _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Father's Information **Primary contact?** _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Family Information

Name and birthdates of any other children in your family

Primary Language: _____ Second language: _____

Family Church: _____

I am looking for a church home and would like more info about Prince of Peace

How did you hear about our school? _____

Emergency Contact(s) / Authorized Person(s) to Pick Up Your Child

Name: _____ Relationship to Child: _____

Phone # _____

Name: _____ Relationship to Child: _____

Phone # _____

(Emergency Contact(s) / Authorized Person(s) to Pick Up Your Child, continued...)

Name: _____ Relationship to Child: _____

Phone # _____

note: adults should always have a photo ID available at pickup and ready to show to staff members

Illness

Prince of Peace Lutheran School agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible. _____ (Please initial)

Medical Attention

I give permission to Prince of Peace Lutheran School to take whatever emergency (i.e. first aid, disaster evacuation, etc.) measures that are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at my (the child's parent/guardian) expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

_____ (Please initial)

Insurance Carrier: _____ Subscriber Name: _____

ID #: _____ Physician: _____ Phone: _____

Photographs

Photos are taken for educational and/or promotional purposes. Photos may be placed on the school website, Facebook, and/or Instagram page. Children's names are never included with photos.

_____ (I Consent to use my child's photo online)

_____ (I Do Not Consent)

Parent / Guardian Signature

Date

8306 Old Keene Mill Rd, Springfield, VA 22152

Phone: 703-451-6177

Email: school@poplc.org

Website: www.poplc.org/school

For Office Use Only

Camp Fee Paid Date _____

Check # or Online _____