

Summer Camp 2025 Application

Camper Information

Camper's Name:	Camper's Date of Birth:
Nickname/Preferred name:	Gender: M_F
Address:	City:
State:ZIP:	
Attended Preschool before? No Yes (name of school):
How did you find out about Good Shepherd (GSLS)?_	
Child's Physician:	Preferred Hospital:
Please list any allergies or medical conditions:	
Please list any medications your child is currently tal	king:
**GSLS staff will NOT administer any medication exc note if your child needs an EpiPen on campus.	
Language(s) spoken at home:	
*Your child's <u>original</u> birth certificate or passport m from a previous year, prior to the first day of camp.	· · ·
*A completed Virginia School Entrance Health Form	
physician within 90 days of the first day of camp fo	r all new campers.

Parent/Guardian Information

Parent Name:	Cell Number:
Email:	Employer:
Work Phone:	
Parent Name:	Cell Number:
Email:	Employer:
Work Phone:	
Yes	above are authorized to pick up child from camp?
Emergency Contacts (each ca Name:	mper must have at least two) Relationship:
Phone:	Email:
	Relationship: Email:
	Relationship:
FIIUIIE	Email:
Name:	Relationship:
Phone:	Email:

Camp Dates

I would like my child to attend camp the following weeks:

Week 1 (June 23rd-27th): Under the Sea Adventure 5 half days (8AM-12PM): \$230 ☐ 5 standard days (8AM-4PM): \$280 Aftercare (4PM-6PM): \$50 Week 2 (June 30th-July 3rd: NO CAMP on July 4th): Little Scientists Week 🖸 4 half days (8AM-12PM): \$220 ☐ 4 standard days (8AM-4PM): \$270 ☐ Aftercare (4PM-6PM): \$50 Week 3 (July 7th-11th): Out of this World Space Camp ☐ 5 half days (8AM-12PM): \$230 ☐ 5 standard days (8AM-4PM): \$280 Aftercare (4PM-6PM): \$50 Week 4 (July 14th-18th): Music Makers ☐ 5 half days (8AM-12PM): \$230 ☐ 5 standard days (8AM-4PM): \$280 Aftercare (4PM-6PM): \$50 Week 5 (July 21st-25th): Dino Discovery 5 half days (8AM-12PM): \$230 ☐ 5 standard days (8AM-4PM): \$280 Aftercare (4PM-6PM): \$50 ☐ Week 6 (July 28-August 1st): Around the World in 5 Days ☐ 5 half days (8AM-12PM): \$230 ☐ 5 standard days (8AM-4PM): \$280 Aftercare (4PM-6PM): \$50

I would like my child to attend ALL 6 weeks of camp (5% discount if paid in full BEFORE camp starts):

- 🗋 Half days: \$1,300
- 🖸 Standard days: \$1,580
- Aftercare: \$285

Payment Agreement

Payments can be made in cash, check (payable to Good Shepherd Lutheran School), or Zelle (with a 1% additional processing fee).

-I understand that in order to reserve my child's spot, I will need to pay a registration fee of \$75 before my child's first day of camp (please initial):_____

-I understand that camp tuition must be paid each week by the WEDNESDAY before (please initial):_____

Photo Release

GSLS may post pictures of my child on social media and/or the GSLS website:

□ Yes____(please initial) □ No _____(please initial)

I understand and agree that I am enrolling my child at Good Shepherd Lutheran School for the dates checked off above. I understand that I may enroll for additional weeks later if they are available.

Parent/Guardian Signature:_____ Date:_____ Date:_____

Good Shepherd Lutheran School Sarah Brazell, Director preschool@gsclva.org 1133 Reston Avenue Herndon, VA 20170 703-437-4511

