



# Summer Camp 2026 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:

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Please list any medications your child is currently taking:

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\*\*GSLS staff will NOT administer any medication except for EpiPens. We do require a Doctor's note if your child needs an EpiPen on campus.

Language(s) spoken at home: \_\_\_\_\_

**\*Your child's original birth certificate or passport must be submitted, if not already on file from a previous year, prior to the first day of camp.**

**\*A completed Virginia School Entrance Health Form MCH 213.G, MUST be signed by a physician within 90 days of the first day of camp for all new campers.**

## Parent/Guardian Information

Parent Name:\_\_\_\_\_ Cell Number:\_\_\_\_\_

Email:\_\_\_\_\_ Employer:\_\_\_\_\_

Work Phone:\_\_\_\_\_

Parent Name:\_\_\_\_\_ Cell Number:\_\_\_\_\_

Email:\_\_\_\_\_ Employer:\_\_\_\_\_

Work Phone:\_\_\_\_\_

**Both parents/guardians listed above are authorized to pick up child from camp?**

Yes

No (Please Explain):\_\_\_\_\_

**Emergency Contacts** (each camper must have at least two)

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

## Camp Dates

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

**Week 1 (July 6<sup>th</sup>-10<sup>th</sup>): Science and Sensory Exploration**

- Before Care (8AM-9AM): \$25
- 5 half days (9AM-1PM): \$230
- 5 standard days (9AM-3PM): \$250
- Aftercare (3PM-4PM): \$25
- Late Aftercare (4PM-5PM):\$25

**Week 2 (July 13<sup>th</sup>-17<sup>th</sup>): Travel the World in 5 Days**

- Before Care (8AM-9AM): \$25
- 5 half days (9AM-1PM): \$230
- 5 standard days (9AM-3PM): \$250
- Aftercare (3PM-4PM): \$25
- Late Aftercare (4PM-5PM):\$25

**Week 3 (July 20<sup>th</sup>-24<sup>th</sup>): Camp Out and Explore Nature!**

- Before Care (8AM-9AM): \$25
- 5 half days (9AM-1PM): \$230
- 5 standard days (9AM-3PM): \$250
- Aftercare (3PM-4PM): \$25
- Late Aftercare (4PM-5PM):\$25

**Week 4 (July 27<sup>th</sup>- 31<sup>st</sup>): Let's Go to the Beach!**

- Before Care (8AM-9AM): \$25
- 5 half days (9AM-1PM): \$230
- 5 standard days (9AM-3PM): \$250
- Aftercare (3PM-4PM): \$25
- Late Aftercare (4PM-5PM):\$25

I would like my child to attend **ALL 4 weeks of camp (5% discount if paid in full BEFORE camp starts):**

- Half days: \$875
- Standard days: \$950

## 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):\_\_\_\_\_

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## 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:\_\_\_\_\_

Good Shepherd Lutheran School  
Sarah Brazell, Director  
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Herndon, VA 20170  
703-437-4511

