### Laker Kids Camp Registration Form

<table>
<thead>
<tr>
<th>Camper's Name(s)</th>
<th>Age</th>
<th>Grade (for 2022/2023 school year)</th>
<th>Registering for camp weeks of: (list the week # of all the weeks your camper will be participating)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**8 Fun Weeks of Laker Kids Camp are Available**
You may register for each week separately, or you may register for all.

- **Week 1** June 6 - June 10: Pirate Week
- **Week 2** June 13 - June 17: Disney Week
- **Week 3** June 20 - June 24: Land Down Under Week
- **Week 4** June 27 - July 1: Star Wars Week
- **Week 5** July 11 - July 15: Bugs & Butterflies Week
- **Week 6** July 18 - July 22: Harry Potter/Magic Week
- **Week 7** July 25 - July 29: Cat’s Meow Week
- **Week 8** Aug. 1 - Aug. 5: Wild West Week

My camper(s) will be picked up: _____ by 3:30 pm _____ by 5:30 pm (extra fee)

Please make check payable to Lake Michigan Catholic School or use online payment portal

**PAYMENT:**
- ________Enclosed is payment deposit/camper for each week
- ________Enclosed is a $20 for each week registering
- ________Portal payment in full
- ________Portal payment deposit

I give my child permission to attend all field trips. The above named child is in good health and able to participate in all camp activities. I authorize the Laker Kids Camp staff to render first aid as necessary and, in case of emergency: I authorize Spectrum Health Lakeland to treat/care for my child. I give permission for my child to be included in pictures associated with the Laker Kids Camp program.

---

Parent/Guardian Signature: ___________________________ Date: ___________________________

---

**Emergency Contact**

Name: ___________________________

Phone Number: ___________________________

Email: ___________________________