

GO!
Mark 12:30

5TH STREET SUMMER
CHILDREN AND FAMILY MINISTRY SUMMER 2016



Go! Bible School
June 20-24
9 a.m.-12 p.m.
Entering Grades K-5
\$15

Go! Act
July 11-14
9 a.m.-12 p.m.
Entering Grades 2-5
\$30 per child

Go! Worship
August 1-4
9 a.m.-12 p.m.
Entering Grades 3-5
\$75 per child

Go! Play
Mondays, June 27-Aug 15
9:30 a.m.-12 p.m.
Age 4-Grade 3
\$125 for one child
\$115 for each add'l within family

Go! Create
July 25-28
9 a.m.-12 p.m.
Entering Grades 2-5
\$40 per child

Go! Camp
August 8-11
9 a.m.-3 p.m.
Entering Grades K-5
\$80 per child

Please mark which camps your child will be attending. A separate form is needed for each child.

Child's Name	Male/Female	Birthdate (MM/DD/YYYY)	Grade in Fall 2016	T-Shirt Size (YS, YM, YL OR AS, AM, AL)

Parent/Guardian Name(s) _____

Address _____ City/State/Zip _____

Phone (h) _____ (c) _____ (w) _____

Email _____

Emergency Contact _____ Relationship _____ Phone _____

Medical/Health Information (include all known allergies and special needs.) _____

Anything you would like to share with us about your child to help us meet his/her needs: _____

Check here if you would like Salem's special education liaison to contact you.

My home church is _____

Photo Waiver: Photos may be taken during the events. I grant permission for photos to be used at Salem's discretion. Yes No
Waiver: My child has my permission to participate in Salem Covenant Church's summer programs. I give consent for my child to receive first aid and if necessary, be transported to receive emergency care. I understand that I am responsible for all charges not covered by insurance. The emergency contact person listed above may act on my behalf until I am reached.

Parent/Guardian Signature _____ Date _____

Please mail or drop off this form, with payment, to: Salem Covenant Church, 2655—5th Street NW, New Brighton, MN 55112

For office use only: Cash \$ _____ Check \$ _____ # _____ T-shirt Rec'd