## Trinity Christian School

## REGISTRATION FORM

SUMMER 2025
Please complete one form for each participant. You may write one check made payable to TCS for the total amount.

Student's Name:		T-shirt Size: YS	YM YL S M L XL
Phone Number:	Age:		Fall:
List any physical condition/allergies or conce	erns of which camp s	_	
Emergency Contact Information			
Emergency Contact Name			
Relationship	Phone Number		
Please check which camp(s) your student p be <u>entering 2<sup>nd</sup> -5<sup>th</sup> grades in the fall</u> . Registr limited to 18 participants for each camp. Lat	ration closes one we	ek prior to the cam	p. These camps are
June 2-5 Stitch School Sewing Camp	12:30pm- 3:00pm	Mrs. Letha Paulk	Cost: \$80.00
Uly 14-17 Lego Camp	12:30pm- 3:00pm	Mrs. Letha Paulk	Cost: \$80.00
Payment Information  Payment Method: CHECK CASH			
Total Amount Paid:			
Check #:			
Consent			
I give my permission forSummer Camps and do hereby release Trinity staff from any and all liability arising out of sufit, both physically and otherwise, to participatorm.	y Christian School, its uch participation in th	s administration, its nis event. The above	staff, and any camp e-named student is
Print Name of Parent/Guardian Si	gnature of Parent/G	uardian	Date