

# Lutheroad Day Camp Registration

## July 6-10, 2026

Child's Name \_\_\_\_\_ Name Preferred \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (Town) (Zip Code)

Home Phone \_\_\_\_\_ Parent's Daytime Phone \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade for 2026/2027 \_\_\_\_\_

Please list any physical handicaps, allergies, special medical problems, is emergency treatment needed for insect bites?, etc.

Please list any special instructions that may help the Camp Staff work with your child.

\*\*Can your child swim? \_\_\_\_\_ YES \_\_\_\_\_ NO

Camper T-shirt Sizes : Please check one

Child Sizes:

Adult Sizes:

S(6-8) \_\_\_\_\_

S \_\_\_\_\_

XL \_\_\_\_\_

M(10-12) \_\_\_\_\_

M \_\_\_\_\_

L(14-16) \_\_\_\_\_

L \_\_\_\_\_

Camp fee: \$165.00 for the 1<sup>st</sup> child, \$135.00 for siblings. Please return this form with a \$50.00 non-refundable deposit, per child. Each child must have a separate registration form. *The \$50.00 deposit goes towards the total cost of the camp fee.* The total is due by June 22<sup>nd</sup>.

NON-REFUNDABLE Deposit (per Child) \$50.00

Remaining Balance Due (\$115.00 1<sup>st</sup> child or \$85.00 for siblings) \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

(Please make checks payable to St. Stephen's Lutheran Church and note for Summer Camp 2026)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return completed form and deposit to:*  
**St. Stephen's Lutheran Church Attn: Shannon Burnett**  
**119 N. Church St.**  
**Lexington, SC 29072**