



# St. John's Evangelical Lutheran Church

8808 Harford Road ❖ Parkville, MD 21234

410-665-1234 ❖ [office@stjohnsparkville.org](mailto:office@stjohnsparkville.org)

[www.stjohnsparkville.org](http://www.stjohnsparkville.org) ❖ [www.facebook.com/stjohnsparkville](https://www.facebook.com/stjohnsparkville)



## Summer Musical Camp Registration

August 12-16, 2024

Grade 3—8

Registration deadline July 29



Child Name \_\_\_\_\_  
(first) (last)

Grade completed in June 2024 \_\_\_\_\_

### Primary Household Address

(Street and Number) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

Primary Household Phone \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_  
(first) (last)

Parent/Guardian Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_  
(first) (last)

Parent/Guardian Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Child lives with \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
(first) (last)

Emergency Contact Phone \_\_\_\_\_

Name of Person picking up child \_\_\_\_\_

Allergies and Medical Concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

Additional Information about my child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Media Waiver

Do you agree to allow photos of your child to be used in St. John's Lutheran Church publications, including the website?                      YES                      NO

### Friend Request

You may request that your child be placed with up to two friends.

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Registration fee of \$35 (non-refundable) is due with registration. Reduced non-refundable fee of \$25 for each sibling. Please make checks payable to St. John's Lutheran Church. Deadline for registration is July 29, 2024.

For Office Use	
_____	Registration fee was received with form. (Date _____)
Cash _____	Check: # _____