



ELCA Neighborhood Camp
Living Faith Lutheran Church (Formerly Atonement Our Savior's)
2915 Wright Avenue Racine, WI 53405
Phone (262) 637-5671

Name: _____

Address: _____
Street City Zip Code

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Age: _____ Gender: M F

School: _____ Grade (September '16): _____

Home Church: _____ Child baptized Yes No

Parent(s)/Guardian(s):

Mother: _____
Name Cell Phone Work Phone

Father: _____
Name Cell Phone Work Phone

Please list the name and phone number of three people who are authorized to pick up your child in case of emergency or sickness.

Name: _____
Relationship Phone

Name: _____
Relationship Phone

Name: _____
Relationship Phone

To help us plan our program, please tell us more about your child. (Include allergies, special needs, current medications, dietary restrictions.)

Please answer the questions below. Answers are kept confidential and used only for grant writing.

1. Does this student receive free or reduced lunch at school? Yes No
2. Ethnicity: Caucasian African-American Hispanic Asian Other

Parent/Guardian Signature Date