



We look forward to seeing you this summer!

- ◆ **Z+** hours • Monday-Tuesday-Wednesday-Thursday-Friday • 9:00 a.m.-2:00 p.m.
- ◆ Remember to bring a shelf-stable lunch! ◆ Water Day Wednesdays • bring swimsuit, towel, etc.

**Select** the Days and Session(s) of Zion Pre-Kindergarten Plus (**Z+**)

Days

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Session(s) (minimum enrollment required)

- Session 1: May 23 – June 10
- Session 2: June 20 – July 8
- Session 3: July 18 – August 5
- Session 4: August 8 – August 26

**Z+** Emergency Information (all requested information is REQUIRED)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(where you can be reached during summer camp hours)

Parent #1 \_\_\_\_\_ Phone \_\_\_\_\_

Parent #2 \_\_\_\_\_ Phone \_\_\_\_\_

**Two (2) Emergency Contacts (other than parents) are required by MN Department of Human Services)**

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

Address \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I have been informed of the above activity sponsored by Zion Lutheran Church and hereby give my consent for my minor child to participate in these activities. I understand that all reasonable safety precautions will be taken by the leader of each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Zion Lutheran Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. In addition, by completing and signing this form, I hereby give permission for photographs of my child to be taken and used by Zion Lutheran Church for information and/or publicity regarding Zion Lutheran Church activities. I hereby release Zion Lutheran Church from any liability in connection with these photographs. I authorize Zion Pre-Kindergarten Staff to apply provided sunscreen (non-aerosol) to my child. I give permission for occasional use of alcohol-based hand sanitizer by my child. I give permission to Zion Pre-Kindergarten Staff to take my child on supervised neighborhood walking trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_