



SUMMER 2022



Today's Date \_\_\_/\_\_\_/\_\_\_\_\_

6318 West California Rd  
Fort Wayne, IN, 46818

**SUBURBAN BETHLEHEM**

Lutheran Church and School

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_ / \_\_\_ / \_\_\_\_\_ Child's T-Shirt Size: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Family E-mail \_\_\_\_\_ Church Home \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Brothers & Sisters (Names & Ages) \_\_\_\_\_

In order to help us understand your child, please list any special needs, disabilities, handicaps, or allergies your child may have. All information is confidential. \_\_\_\_\_

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

Does your child have any fears we should be aware of? \_\_\_\_\_

\_\_\_\_\_

List any other pertinent information about your child \_\_\_\_\_

\_\_\_\_\_

For planning purposes, how often do you plan to use the camp? All Summer \_\_\_\_\_ Some weeks \_\_\_\_\_

Other \_\_\_\_\_

What days would your child be attending? Circle one or all:  M  T  W  TH  F

How did you hear about Little Disciples Day Camp? \_\_\_\_\_

Return form via mail to: Suburban Bethlehem, Attn. LDDC, 6318 W. California Rd., Fort Wayne, IN, 46818  
OR via email to Rachel at [grachell67@gmail.com](mailto:grachell67@gmail.com).