



SUMMER 2024 Day Camp Application

Today's Date ___ / ___ / _____



Child's Name _____ Age _____ Birthday ___ / ___ / _____

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 to: Suburban Bethlehem, Attn. LDSDC, 6318 W. California Rd.,
Fort Wayne, IN, 46818

