



February 2026

Dear Parents,

Trinity's Board of Education is pleased to announce Trinity's Summer Camp program for this summer. The program will be open to students from preschool through those who have completed fourth grade. This letter outlines the program's specifics.

We will start the week of June 1st, and the final week of the program will be the week of July 20th. The camp hours will be 7:30 a.m. - 4 p.m. (Drop off may be any time between 7:30 a.m. and 9 a.m.). We will remain open for aftercare until 5 p.m. Pricing is outlined below.

Please note: we will accept campers who do not need to be at camp all five days of a week. We will still want to know which weeks (or partial weeks) you will be attending so we can plan to have enough material and staff for that week. **If your child does not attend on a pre-scheduled day of attendance, you will be charged for that day (or days).**

We also have morning session options should you desire that. The cost is also outlined below.

Enrollment is limited. To ensure your spot, please sign up during the appropriate enrollment period. If you have friends or neighbors who may be interested, have them sign up as soon as possible in their enrollment period.

Enrollment period	Who may enroll
February 2 through May 22	Current Trinity students <u>and</u> students who are enrolled for the 2026-2027 school year. Last summer's campers may also enroll early.
March 2 through May 22	Friends and neighbors of current Trinity students and the community

When you register, choose the week(s) you would like to enroll and pay a \$35 non-refundable registration deposit for each week your child will be attending.

The cost of camp is \$35 per day (7:30 a.m. - 4 p.m.). If your child needs to stay past 4 p.m., the cost is \$40 per day. Statements are emailed the Monday after the week of attendance, and payment is due that Wednesday. The final week statement will be sent Monday, July 27 and payment due by July 29, 2026.

**PART DAY OPTION:** If you'd like your child to attend the program just in the morning (7:30 a.m. - 12 p.m.), the cost of that will be \$25 per day.

The attached sheet is your enrollment form. If you have any questions, contact Miss Arianna Robertson or Trinity's office.

James Baerenklau, Principal  
Trinity Lutheran School



**Trinity Lutheran School**  
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 Lombard, IL 60148-4174  
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[TLSLombard.org](http://TLSLombard.org)

## 2026 Summer Camp Registration Form

Name of Student \_\_\_\_\_ Fall 2026 Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_

***NON-REFUNDABLE Registration Deposit of \$35 per week is required when turning in this completed form - DUE at Registration. Statements are emailed the Monday after the week of attendance, and payment is due by that Wednesday.***

* Please fill out all columns for each week you expect to attend*				
Dates	Special Notes	Theme	Circle Days of expected attendance for Full Day	Circle Days of expected attendance for Morning Session
June 1- 5	VBS	Flip Flop into Summer	M Tu W Th F	M Tu W Th F
June 8-12		Flip Flop into Summer	M Tu W Th F	M Tu W Th F
June 15 - 19		A Camping We Will Go	M Tu W Th F	M Tu W Th F
June 22 - 26		A Camping We Will Go	M Tu W Th F	M Tu W Th F
June 29 - July 2	NO CAMP July 3	Super Heroes	M Tu W Th F	M Tu W Th X
July 6 - 10		Super Heroes	M Tu W Th F	M Tu W Th F
July 13 - 17		Art in Process	M Tu W Th F	M Tu W Th F
July 20 - 24		Art in Process	M Tu W Th F	M Tu W Th F

\$35.00 deposit x \_\_\_\_\_ weeks = \$ \_\_\_\_\_ check number \_\_\_\_\_ amount \$ \_\_\_\_\_ enclosed

- \*\* The cost for full days (7:30 a.m. - 4 p.m.) will be **\$35 per day**
- \*\* The cost for extended days (7:30 a.m. - 5 p.m.) will be **\$40 per day**
- \*\* The cost for mornings (7:30 a.m. - 12 p.m.) will be **\$25 per day**
- \*\* **You will be billed for all days that you have signed up – regardless of attendance**

\* Please fill out an **Emergency Authorization Contact Form** for us to keep on file.

# Trinity Lutheran School Emergency Authorization Contact Form

**Student's Name:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information:**

Home Address \_\_\_\_\_

Street

\_\_\_\_\_  
City/State/Zip

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional Authorized Contacts to call in case of an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**People who may pick up my child from school, aftercare, or school events:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Make and model of car: \_\_\_\_\_ Color: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Make and model of car: \_\_\_\_\_ Color: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Make and model of car: \_\_\_\_\_ Color: \_\_\_\_\_

**I acknowledge that my child cannot be released to anyone else, unless contact has been made with the school by written note or by telephone.**

**Health Information:** Please give all information that you feel is necessary in order for the school to keep your child safe. In case of an emergency, we will use the information from the Emergency Authorization Contact Form. If your child has asthma and/or allergies, please fill out the allergy action plan and asthma action plan available in the office.

Asthma \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine taken \_\_\_\_\_

Other information \_\_\_\_\_

**If you cannot be reached in an emergency and immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child properly accompanied to an available hospital or physician:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Hospital:**

1. Name \_\_\_\_\_ City \_\_\_\_\_

2. Name \_\_\_\_\_ City \_\_\_\_\_

**Family Physician:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Signature:**

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

**\*\*Must be completed and returned before the first day of SUMMER CAMP\*\***