



For Office Use Only: _____
 Date Submitted: _____
 Payment: _____
 Payment Method: _____

Accepted Wait List

2018 Summer Camp Enrollment Form

Name of Child: _____ Sex: M / F Birthdate: ____/____/____

Parent 1: _____ SSN: _____ - _____ - _____

Parent 2: _____ SSN: _____ - _____ - _____

Parent 1's Email: _____ Parent 2's Email: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

TODDLER (18mo-3yrs)

PRIMARY (3-6yrs)—Full Day ONLY

Food Program ONLY included in Primary Full Day, Optional fee of \$30/session for Toddlers

Camp Sessions: Full Day: 9:00 am – 3:00 pm Half Day: 9:00 am – 12:00 pm Aftercare: 3:00 – 6:00 pm

LPC Laboratory *1st Camp Session (Jun 25 - Jun 29):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Lil Artists' Gallery *2nd Camp Session (Jul 2 - Jul 6):*
 Please note that we will be closed on Wednesday, July 4, 2018, in observance of Independence Day.
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Wonders of Nature *3rd Camp Session (Jul 9 - Jul 13):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Around the World in 5 Days *4th Camp Session (Jul 16 - Jul 20):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

A Blast to the Past - A Time Travel Adventure *5th Camp Session (Jul 23 - Jul 27):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Out of This World *6th Camp Session (Jul 30 - Aug 3):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

LPC Laboratory *7th Camp Session (Aug 6 – Aug 10):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Lil Artists' Gallery *8th Camp Session (Aug 13 – Aug 17):*
 Full Day: 250.00 Half Day: 200.00 Aftercare: 60.00 Lunch: 30.00

Registration Fee: \$75.00 (due at the time of registration, waived for current LPC students)

summer camp sessions are subject to cancellation if minimum enrollment is not reached



Person(s) to contact in case of emergency/authorized to pick up child:

Name: _____ Relationship to Child: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Mobile Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Mobile Phone: _____

Other Person(s) authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Do you have any concerns about your child's development? Yes () No () If yes please comment:

Please comment on any other medical information/ or special need the childcare provider should be aware of:

I authorize La Prima Casa and its staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian). I hereby agree to all fees and policies found on the summer camp registration, the LPC website and in the LPC Parent Handbook.

(Date)

(Signature of Parent/Guardian)