



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

☐ Accepted ☐ Wait List

2017 Summer Camp Enrollment Form

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

Mother: _____ SSN: _____ - _____ - _____

Father: _____ SSN: _____ - _____ - _____

Mother's Email: _____ Father'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

☐ Wonders of Nature

1st Camp Session (Jun 26 - Jun 30):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ Lil Artists' Gallery

2nd Camp Session (Jul 3 - Jul 7):

Please note that we will be closed on Tuesday, July 4, 2017, in observance of Independence Day.

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ A Blast to the Past - A Time Travel Adventure

3rd Camp Session (Jul 10 - Jul 14):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ Around the World in 5 Days

4th Camp Session (Jul 17 - Jul 21):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ LPC Laboratory

5th Camp Session (Jul 24 - Jul 28):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ Out of This World

6th Camp Session (Jul 31 - Aug 4):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ Lil Artists' Gallery

7th Camp Session (Aug 7 - Aug 11):

☐ Full Day: 250.00 ☐ Half Day: 200.00 ☐ Aftercare: 60.00 ☐ Lunch: 30.00

☐ LPC Laboratory

8th Camp Session (Aug 14 - Aug 18):

☐ 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

2733 SW 3 Ave Miami, Florida 33129 * phone: 305-854-8001 * fax: 305-854-8200

www.laprimacasa.com



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)