



For Office Use Only: _____
Date Submitted: _____
Payment: _____
Payment Method: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> 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

*1<sup>st</sup> Camp Session (Jun 26 - Jun 30):*

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

Lil Artists' Gallery

*2<sup>nd</sup> 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

*3<sup>rd</sup> 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

*4<sup>th</sup> Camp Session (Jul 17 - Jul 21):*

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

LPC Laboratory

*5<sup>th</sup> Camp Session (Jul 24 - Jul 28):*

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

Out of This World

*6<sup>th</sup> Camp Session (Jul 31 - Aug 4):*

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

Lil Artists' Gallery

*7<sup>th</sup> Camp Session (Aug 7 – Aug 11):*

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

LPC Laboratory

*8<sup>th</sup> 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\**

**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 known 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)