

Lakeside Presbyterian Church Weekday Preschool

Summer Adventure Camp Application 2012

**Please complete front and back of the registration form and
return it with the appropriate activity fee by April 2.**

Participant Information:

Last Name _____ First Name _____

Gender: M F Birth Date: _____

Parent/Guardian Information:	Father	Mother
Last Name		
First Name		
Address		
City		
State		
Zip		
Home Phone		
Employment		
Business Phone		
Cell Phone		
E-mail		

Person (s) having legal custody of child:

Emergency Contact Information:

(In case of an emergency, parents will be contacted first)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address: _____

Morning (7:30am-9:00am) AM/ Hive day is included free of charge for all camps	Half Day Camp 9:00am-1:00pm \$110.00/week	Full Day Camp 9:00am-6:00pm \$153.00/week	Full Day Camp * Attending all 11 Weeks \$ 140.00/week
June 11-15			
June 18-22			
June 25-29			
July 9-13			
July 16-20			
July 23-27			
July 30-August 3			
August 6-10			
August 13-17			
August 20-24			
August 27-31			

Child's Physician: _____ Physician's Phone: _____

List any health conditions, allergies, physical handicaps, medicines presently taking or special conditions in your child's medical history:

List any activities in which your child should not participate due to health reasons:

Please mark below each week your child will be attending

Please check if student will use AM extended hours

*Reduced fee for students attending all 11 camps; this includes currently enrolled full year happy hive students

Tuition Due Dates:

Weeks of: June 11, June 18, June 25 **Tuition due: May 15**

Weeks of: July 9, July 16, July 23, July 30 **Tuition due: June 15**

Weeks of: August 6, August 13, August 20, August 27 **Tuition due: July 13**

Activity Fees: Playgroup Classes \$ 50 Preschool & Pre-K Classes \$75

This activity fee covers all field trips, outside programs and activities your child will attend during the summer camp. This activity fee is non-refundable and due at time of registration.

I agree to make tuition payments by the dates specified above. If payment is not received on or before the due dates, LPC Weekday Preschool shall have the right to legal action for collection of tuition, and I will be responsible for all costs of collection including court expenses and reasonable attorney fees. I certify that all information given is correct, and that my child has permission to engage in all scheduled activities except those noted above. In the event I cannot be reached in a medical emergency, I hereby give permission to the physician or hospital selected by the Director of LPC Preschool to treat my child. I understand and agree that I am responsible for all medical costs incurred for my child.

Parent /Guardian Signature _____

Date _____