

SUMMER CAMP@ LCOR 2017

Please check desired sessions

DATES	THEME	CLASSES
<u>RISING 3 – 5YEAR OLDS (must be potty trained)</u>		
Session 1 June 5-9	bible stories & more	_____
Session 2 June 19-23	red, white & blue	_____
Session 3 July 10-14	how does your garden grow?	_____
Session 4 July 24-28	super hero's	_____
<u>RISING 2 YEAR OLDS</u>		
Session 3 July 10-14	how does your garden grow?	_____
Session 4 July 24-28	super hero's	_____

**** THE HOURS ARE 9:00 AM –12:00 PM**
SNACK IS PROVIDED**

REGISTRATION FORM

Child's Name: _____
 Sex M () F () Date of Birth: _____ Age: _____
 Address: _____
 Phone: (H) _____ (W) _____
 Email Address: _____
 Mother's Name: _____ (cell) _____
 Father's Name: _____ (cell) _____

In case of medical emergency, when parent cannot be reached by phone:

Doctor: _____ Phone: _____

Person to be notified in case of emergency (other than parents):

Name: _____ Phone: _____
 Relationship to child _____

List any allergies or physical problems your child has:

(In the event of an illness which requires immediate treatment at a time when a parent cannot be located, I give permission for the LCOR personnel to authorize necessary treatment. I will NOT hold LCOR or medical person responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician and other persons listed as emergency contact.)

**** PLEASE TURN OVER TO COMPLETE TUITION AGREEMENT****



\$100. per session

A \$15. non refundable deposit per session is due at registration. (each deposit will be deducted from the remaining balances)

A \$10. discount (per session) will be given for the second sibling attending LCOR camps. Tuition balance is due by the 1st day of the month.

Should you need to cancel a session we would be more than happy to transfer your session to another week based on availability. If there are no available openings, then your child's name will be put on the waiting list. **No refunds will be given** so please check your calendar prior to committing to these camp sessions.

PARENTS – please complete

Total # of session's _____ Total cost of all sessions _____

Deposit Paid _____ Date _____

Parent Signature _____ Date _____

CAMP RECORDS

Deposit Paid _____

Tuition Paid _____

Check # _____

Check # _____