



Lancaster Summer Camp Registration  
Camp Cost: \$150.00 per week  
one Time Registration Fee: \$50.00  
Summer camp is limited to 50 students



MY child will be attending camp:

Week 1: June 4<sup>th</sup> - June 8<sup>th</sup> \_\_\_\_\_

Week 2: June 11<sup>th</sup> - June 15<sup>th</sup> \_\_\_\_\_

Week 3: June 18<sup>th</sup> - June 22<sup>nd</sup> \_\_\_\_\_

Week 4: June 25<sup>th</sup> - June 29<sup>th</sup> \_\_\_\_\_

Week 5: July 9<sup>th</sup> - July 13<sup>th</sup> \_\_\_\_\_

**NO SUMMER CAMP THE WEEK OF JULY 2<sup>nd</sup> - JULY 6<sup>th</sup>**

It you register by April 13, 2018, The student will receive one free Summer Camp T-shirt. After this date, The Summer Camp T-shirts will cost \$10.00. The students will be allowed to wear these t-shirts on Fridays the following year at LES.

TSHIRT SIZE: WRITE NEXT TO CAMPER'S NAME

1. Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name \_\_\_\_\_ work #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Father's Name \_\_\_\_\_ work #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Please list emergency contacts and person who may check your child out of camp. only persons named below will be allowed to check out your child.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any medical condition, special needs (physical/emotional/academic) or allergies? The camp needs to be aware of problems such as allergies or conditions that limit or disallow participation in physical activities. If so state condition and be specific. Failure of full disclosure would result in cancellation of camper's participation/attendance.

YES \_\_\_\_\_ NO \_\_\_\_\_

To take advantage of the Before Care and After Care program, there is \$20.00 per week fee.

Pick up after 5 p.m. will have a late fee of \$1.00 per minute.

I will need before care (7-9 a.m.) ( Yes no)

I will need aftercare (3- 5 p.m.) ( Yes no)

Parent's signature: \_\_\_\_\_