



The New School of Lancaster

## 2016 SUMMER CAMP REGISTRATION

Please complete this form, both front and back, and return it to the school  
 With your (\$50 per child per camp) deposit by ***Friday, May 13, 2016.***  
 After May 13<sup>th</sup> an additional \$10 per camp will be charged.  
***Please fill out both sides of this form.***

<i>Camp</i>	<i>Dates &amp; Camps</i>	<i>Ages</i>	<i>Cost</i>	<i>Camper Name</i>	<i>Deposit</i>
<b>Week 1</b>	<b>June 13 - 17</b>				
	<b>SPLISH SPLASH</b> 9AM-12PM	<i>(NSoL Toddlers only)</i>	<b>\$155</b>		
	<b>PETS</b> 9AM-12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
	<b>DINOSAURS</b> 9AM-12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
	<b>NATURE CAMP</b> 8:30AM-1:30PM <i>*Current NSoL students ONLY*</i>	<i>6-14 years old</i>	<b>\$180</b>		
<b>Week 2</b>	<b>June 20 - 24</b>				
	<b>OCEAN</b> 9AM-12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
<b>Week 3</b>	<b>June 27 - July 1</b>				
	<b>ART</b> 9AM-12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
	<b>Drumming up the Fun!</b> 9AM-12PM	<i>6-12 years old</i>	<b>\$125</b>		
	<b>July 4 - 8</b>	<b>NO SCHOOL</b>			
<b>Week 4</b>	<b>July 11 - 15</b>				
	<b>MUSIC</b> 9AM - 12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
<b>Week 5</b>	<b>July 18 - 22</b>				
	<b>CONSTRUCTION</b> 9AM -12PM	<i>3 - 6 years old</i>	<b>\$125</b>		
<b>Week 6</b>	<b>July 25 - 29</b>				
	<b>COOKING</b> 9AM-12PM	<i>3 -6 years old</i>	<b>\$125</b>		
	<b>Music &amp; Children's Books</b> 9AM-12PM	<i>6-9 years old</i>	<b>\$125</b>		

**Total**



**The New School of Lancaster  
2016 Summer Camp Registration Form  
Camper Information**

**1<sup>st</sup> Campers's Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**2<sup>nd</sup> Camper's Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**3<sup>rd</sup> Camper's Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent/Guardian Information:** Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Parent/Guardian Information:** Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Allergies** (Child's name): \_\_\_\_\_

Specify \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Emergency Phone Number(s) to call: \_\_\_\_\_

**Parent's Signature is required for each item below to indicate parental consent**

**1. Obtaining Emergency Medical Care**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**2. Administration of Minor First-Aid Procedures**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date