



2017 SUMMER CAMP REGISTRATION

Please complete this form, both front and back, and return it to the school with your deposit (\$50 per child per camp) by **Friday, May 12, 2017**.

After May 12th an additional \$10 per camp will be charged.

Please fill out both sides of this form.

Dates	Camps	Ages	Cost	Camper Name	Deposit
June 7, 8 & 9					
	NATURE CAMP 8.30AM-1.30PM *Current NSoL students ONLY*	<i>6-14 years old</i>	\$110		
June 12-16					
	DINOSAURS 9AM-12PM	<i>3 - 6 years old</i>	\$130		
	PETS! 9AM-12PM	<i>3 - 6 years old</i>	\$130		
	NATURE CAMP 8.30AM-1.30PM *Current NSoL students ONLY*	<i>6-14 years old</i>	\$185		
June 19-23					
	SPACE 9AM-12PM	<i>3 - 6 years old</i>	\$130		
	SPLISH, SPLASH! 9AM-12PM	NSoL Toddlers ONLY	\$165		
June 26-30					
	SAFARI 9AM-12PM	<i>3 - 6 years old</i>	\$130		
July 10-14					
	COOKING 9AM - 12PM	<i>3 - 6 years old</i>	\$130		
July 17-21					
	ART 9AM -12PM	<i>3 - 6 years old</i>	\$130		
July 24-28					
	CONSTRUCTION 9AM-12PM	<i>3 -6 years old</i>	\$130		

Total



**The New School of Lancaster
2017 Summer Camp Registration Form
Camper Information**

1st Camper's Full Name: _____ **Age:** _____ **Birth Date:** _____

2nd Camper's Full Name: _____ **Age:** _____ **Birth Date:** _____

3rd 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