

« Back to Forms

# Primary Summer Camp Registration Form

Ages 3-6 (or enrolled in NSoL Primary program 2018-19)  
Monday- Friday full (8:30 AM - 2:50 PM) or half day (8:30 - 11:30 AM)  
June 11-July 27

**\*Sign up for 5 weeks, get the 6th week FREE\***

\* This field is required

Child's Name:  
Birthdate:  
Address:

Please select either half or full day:

- Please select one:\*
- Full Day 8:30 AM- 2:50 PM (\$275 per week)
  - Half Day 8:30 - 11:30 AM (\$175 per week)

Please select desired sessions:

- \*Sign up for 5 weeks, get the 6th week FREE\*\*
- June 11-15
  - June 18-22
  - June 25-29
  - July 9-13
  - July 16-20
  - July 23-27

## Before and After Camp Care

I am interested in utilizing:

- Please select all that apply:
- Early Birds, 7:30-8:30 AM (\$25 additional per week)
  - 3:00-4:00 PM (\$40 additional per week)
  - 3:00-5:00 PM (\$75 additional per week)
  - 3:00-6:00 PM (\$110 per week)

## Summer Camp Deposit Due Now:

- Summer Camp Deposit due at submission of registration form, \$175\*

## Parent/Guardian Information

Parent/Guardian Name:

Home Telephone Number:

Cell Telephone Number:

Email Address:

Address:

Business Name:

Business Telephone Number:

Business Address:

### Parent/Guardian Information

Parent/Guardian Name:

Home Telephone Number:

Cell Telephone Number:

Email Address:

Address:

Business Name:

Business Telephone Number:

Business Address:

### Emergency Contacts

Emergency Contact Name:

Telephone Number when child is in care:

Emergency Contact Name:

Telephone Number when child is in care:

### Authorized Pickups

Person(s) to whom the child may be released

Name:

Telephone Number when child is in care:

Address:

Name:

Telephone Number when child is in care:

Address:

### Child's Health History

Special Disabilities (if any):

Allergies, Including Medication Reactions:

Medical or Dietary Information necessary in an emergency situation:

Medication, Special Conditions:

### Parental Consent

Please check the box for each item below to indicate Parental Consent (Required)

- Obtaining Emergency Medical Care\*
- Administration of Minor First-Aid Procedures\*
- Walks and Trips\*
- Wading\*

### Parent/Guardian Signatures

I/We grant New School of Lancaster all authority and permissions indicated on this form by my/our selections. I/We understand that all authority and permission granted hereunder shall be valid and enforceable until specifically rescinded in writing by the person(s) signing this form.

In accordance with the Uniform Electronic Transactions Act, I certify that by typing my name on this electronic record, I am supplying my electronic signature with the intent to sign this Agreement and agree to its terms.

Parent/Guardian Names:

Type name(s) here:\*

Cancel

Continue