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Primary Summer Camp Registration Form (Ages 3-6)

Number of Weeks	Full Day, 8:30 AM – 2:50 PM	Half Day, 8:30 – 11:30 AM
6	\$ 1,410	\$ 900
5	\$ 1,410	\$ 900
4	\$ 1,150	\$ 735
3	\$ 855	\$ 545
2	\$ 560	\$ 365
1	\$ 300	\$ 195

Early Birds, 7:30-8:30 AM	Sparrows 3:00-4:00 PM	Sparrows 3:00-5:00 PM	Sparrows 3:00-6:00 PM
\$ 25 per week	\$ 40 per week	\$ 75 per week	\$110 per week

* This field is required

Child's Name:

Birthdate:

Address:

Please select desired sessions:

- * June 10-14
 June 17-21
 June 24-28
 July 8-12
 July 15-19
 July 22-26

My child will participate in: * Full Days (8:30 AM - 2:50 PM)
 Half Days (8:30 AM - 11:30 PM)

Yes, my child will participate in Early Birds (7:30-8:30 AM) for an additional \$25.00 per week.

Yes, my child will participate in Sparrows 3:00-4:00 PM for an additional \$40.00 per week.
 3:00-5:00 PM for an additional \$75.00 per week.
 3:00-6:00 PM for an additional \$110.00 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 I/We understand that all authority and permission granted hereunder shall be valid and enforceable until specifically rescinded in writing by the person(s) signing this form.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: *