

**THE LITTLE SCHOOL SUMMER CAMP 2020****FAMILY REGISTRATION FORM**

Please circle day(s) in which your child(ren) will be participating. \$35/day/child x \_\_\_\_ days = \$\_\_\_\_\_

**June 1    June 2    June 3    June 4    June 5                  June 8    June 9    June 10    June 11    June 12**

**PLEASE PRINT LEGIBLY!**

Family (Last) Name \_\_\_\_\_

Camper First Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Gender: M \_\_ F\_\_

Camper First Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Gender: M \_\_ F\_\_

Camper First Name \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Gender: M \_\_ F\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Preferred email address \_\_\_\_\_

Father Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell # \_\_\_\_\_

If parents cannot be reached, please contact:

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

**In case of an accident or serious illness and we are unable to be reached, I hereby authorize the school to call the physician listed below and to follow his instructions. If this physician is unable to be contacted the school may make whatever arrangements are deemed necessary.**

Physician \_\_\_\_\_ Contact # \_\_\_\_\_

Hospital \_\_\_\_\_ Contact # \_\_\_\_\_

**List any allergies. If more than one child, please indicate which child:** \_\_\_\_\_

**I understand:**

**Payment must accompany form. Cash or check made payable to "AECC" is accepted.**

**There are no refunds for days missed and no refunds for cancellations after April 1, 2020.**

**Summer Camp hours are 9:00am – 12noon each day. Campers should bring a sack lunch and drink each day.**

**Photographs taken of my child during Summer Camp will be posted on the Ascension Early Childhood**

**Center's Facebook page unless I check "NO" here: \_\_\_\_\_ No**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
**Today's Date**