

**THE LITTLE SCHOOL SUMMER CAMP 2024    June 17-21    FAMILY REGISTRATION FORM**

Please mark the day(s) and times(s) in which your child(ren) will be participating. You can choose 1, 2, 3, 4, or 5 days.

**9:00am-12:30pm cost is per camper/day**

**9:00am-3:00pm cost is per camper/day**

**Monday:**                      \$45 x \_\_\_\_camper(s) = \$\_\_\_\_

OR                      \$75 x \_\_\_\_camper(s) = \$\_\_\_\_

**Tuesday:**                    \$45 x \_\_\_\_camper(s) = \$\_\_\_\_

**OR**      **\$75 x \_\_\_\_camper(s) = \$\_\_\_\_**

**Wednesday:**            \$45 x \_\_\_\_camper(s) = \$\_\_\_\_

OR  $\$75 \times \underline{\hspace{1cm}} \text{camper(s)} = \$\underline{\hspace{1cm}}$

**Thursday:** \$45 x \_\_\_\_camper(s) = \$\_\_\_\_

**OR**      **\$75 x \_\_\_\_camper(s) = \$\_\_\_\_**

**Friday:** \$45 x \_\_\_\_camper(s) = \$\_\_\_\_

OR  $\$75 \times \underline{\hspace{1cm}} \text{camper(s)} = \$\underline{\hspace{1cm}}$

**TOTAL AMOUNT \$**\_\_\_\_\_ **Check #**\_\_\_\_\_ **Cash \$**\_\_\_\_\_

**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 of cash or check made payable to “AECC” must accompany this form to complete enrollment.**
- **There are no refunds for days missed and no refunds for cancellations after April 1, 2024.**
- **ALL campers should bring a sack lunch and drink each day.**

Photographs taken of my child during Summer Camp may be posted in the Ascension Parish Bulletin.     YES     NO

Photographs of my child during Summer Camp may be posted on The Little School's Website.        YES        NO

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Parent Signature Today's Date