

2017 Summer Fun Registration

For LCCP Use:
 Age Group _____
 Session 1 2 3 4 5 6 7
 Amount Paid _____
 Amt. Due _____

Please fill out a separate form for each child and return with your payment to the Preschool office.

Today's Date _____ Child's Name _____

D.O.B. _____ Parents' Names (both) _____

Home Address _____

City _____ State: _____ Zip Code _____

Primary Phone _____ Alternate Phone (Mom) _____

Alternate phone (Dad) _____ Email _____








Allergies/Special Care Needs _____

IS YOUR CHILD ON OUR WAIT LIST? [Y] [N]

Note: Your child's participation in Summer Fun may increase their standing on our Wait List.

<p>Hours: 9:00am - 1:00pm (Tues-Thurs) Rates: \$125 per session*</p>	<p>Ages: Must be 18 months (by Sept. 1) up to pre-Kinder</p>
<p>*Non-refundable \$50 deposit per session due with registration. The remainder of tuition for Summer Fun camps is due in full by May 15 (for Summer Fun Sessions 1, 2, 3, and 4) and June 15 (for Summer Fun Sessions 5, 6, and 7). If the balance is not paid on time, the spot will be filled. Please make checks out to "LCCP."</p>	

Please circle your choice(s): 1 2 3 4 5 6 7

Session 1 (May 30-June 1)	Session 2 (June 6-8)	Session 3 (June 13-15)	Session 4 (June 27-29)
 <p>Busy Bee's</p>	 <p>School of Explorers</p>	 <p>Little Einsteins</p>	 <p>AMERICA THE BEAUTIFUL</p>
Session 5 (July 11-13)	Session 6 (July 18-20)	Session 7 (July 25-27)	
 <p>S'mores 'n More</p>	 <p>To Infinity and Beyond</p>	 <p>He's got the Whole World in His Hands</p>	

Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: <i>Lakeway Regional Medical Center</i>	Address: <i>100 Medical Pkwy, Lakeway, TX 78738</i>	Ph.#: <i>512-571-5000</i>

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to The Lakeway Church Christian Preschool.

IMMUNIZATION RECORD:

- I have provided or will provide the childcare operation with a copy of my child's most current immunization record by the first day of Summer Fun camp attendance.

Signature - Parent or Legal Guardian

Date