

2026 Summer Fun Camp

The Lakeway Church Christian Preschool
2203 Lakeway Blvd, Lakeway, Tx 78734

LCCP Use ONLY: Age Group: _____

Sessions: 1 2 3 4 5 6 7 8

Deposit Pd Date: _____

Today's Date: _____ Child's Name: _____ DOB: _____

4 digit pin for check in/out _____ **Check one:** Boy: _____ Girl: _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

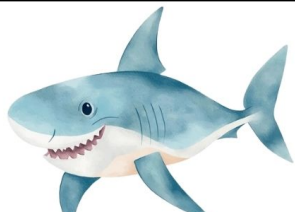




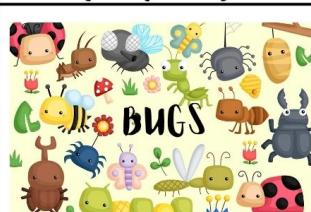
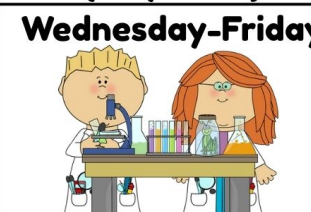

Home Address: _____

City: _____ State: _____ Zip: _____

Allergies/Special Care Needs: _____

IS YOUR CHILD ON THE LCCP WAITLIST? YES: _____ NO: _____

Check Sessions Below:

Week 1 (May 26-28) <input type="checkbox"/>  SHARKS!	Week 2 (June 2-4) <input type="checkbox"/>  Smore's & More	Week 3 (June 9-11) <input type="checkbox"/>  Dino ROAR!	Week 4 (June 16-18) <input type="checkbox"/>  Construction Zone
Week 5 (June 30 - July 2) <input type="checkbox"/>  America the Beautiful	Week 6 (July 7-9) <input type="checkbox"/>  BUGS Galore!	Week 7 (July 15-17) <input type="checkbox"/>  Wednesday-Friday Little Einstein's	Week 8 (July 21-23) <input type="checkbox"/>  Joyful Noise

Hours: 9:00am – 1:00pm (Tues-Thurs)

Rates: \$225 per session

Ages: 2 years (as of September 1st) up to

Pre-Kinder (summer prior to Kindergarten)

***Non-refundable \$75 deposit per session due with registration.**

The remainder of tuition for Summer Fun camps will be drafted in full on Friday, May 15 (for Summer Fun Sessions 1, 2, 3, and 4) and Monday, June 15 (for Summer Fun Sessions 5, 6, 7 and 8). If the balance is not paid on time, the spot will be forfeited.

ONLINE PAYMENT ONLY: I understand that all deposits and remaining balance will be auto drafted. Deposit will be on the day of submission and remaining balance on due dates stated above.

Parent/Guardian Signature

Date

Initial ALL Statements below:

_____ I have provided or will provide LCCP with a copy of my child's most current immunization record and/or Affidavit by the first day of Summer Fun Camp.

_____ My child has been examined within the past year by a health care professional and is able to participate in the Summer Fun Camp Program and I will provide LCCP with a signed statement from my child's health care provider.

_____ I understand that notification by the Monday of the week prior to camp is required to receive a \$150 credit for the upcoming week.

_____ I give my child permission to ride the "Train" from Kiddy Express every Wednesday in the preschool parking lot of Summer Fun Camp.

Approved Pick Up: Information of individual/s that are authorized to pick up my child other than parent/guardian:

Name:

Relationship:

Phone Number:

1. _____

2. _____

3. _____

Emergency Contact: Information of an individual to contact in the event of an emergency if parent/guardian cannot be contacted.

Name: _____ Relationship: _____

Primary Phone: _____ Cell: _____

Address: _____

Street

City

State

Zip

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child:

Name of Physician: _____ Phone Number: _____

Address: _____

Street

City

State

Zip

Name of Emergency Medical Care Facility:

Baylor Scott and White Center, Lakeway - 100 Medical Pkwy, Lakeway, Tx 78738 - 512-571-5000

Parent/Guardian Signature

Date