

SUMMER CAMP 2019 REGISTRATION FORM

IF YOU ARE INTERESTED IN ENROLLING YOUR CHILD IN SUMMER CAMP,
PLEASE COMPLETE THIS **REGISTRATION FORM (FRONT AND BACK SHEET)**
AND RETURN IT WITH YOUR **\$50.00 REGISTRATION FEE.**
CAMP TUITION FEE IS DUE THE FIRST DAY OF CAMP

CHILD'S NAME _____

BIRTHDAY _____ AGE _____ GENDER _____

SESSION ONE: JUNE CAMP: JUNE 3rd – JUNE 28th

Days: MONDAY-FRIDAY

Hours: _____

SESSION TWO: JULY CAMP: JULY 8th – AUG 2nd

Days: MONDAY-FRIDAY

Hours: _____

SESSION THREE: AUGUST MINI CAMP: AUG. 5th- 16th (TWO WEEK MINI CAMP)

Days: MONDAY-FRIDAY

Hours: _____

HOLIDAY CARE OFFERED: July 1st, 2nd, 3rd and August 19th-23rd
School Closed August 26th - August 30th
School Begins: Tuesday, September 3rd

MAKE CHECK PAYABLE TO: Little Red Schoolhouse
2055 Metairie Road
Metairie, La. 70005

CHILD'S NAME _____

HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____

FATHER'S CELL PHONE _____ CELL PROVIDER _____

FATHER'S EMAIL: _____

BUSINESS # _____

MOTHER'S NAME _____

MOTHER'S CELL PHONE: _____ CELL PROVIDER _____

MOTHER'S EMAIL _____

BUSINESS # _____

PARENT'S MARITAL STATUS: MARRIED _____ WIDOW _____

SEPARATED _____ DIVORCED _____ SINGLE _____

CHILD LIVES WITH

___ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER(Explain) _____

CUSTODY/VISITING ARRANGEMENTS _____

Has the child had a previous group or preschool experience, if so where and when _____

CHILD'S DOCTOR _____ PHONE _____

Food Allergies _____

Medicine/Other

Allergies _____

Are there any medical problems of which we should be aware? _____

Persons to call if parent cannot be reached:

Name and Relationship _____ Phone _____

Name and Relationship _____ Phone _____

**PERMISSION FOR PICKUP
I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY
CHILD FROM LRSH**

Print Full Name of Adult Telephone #
Relationship to Child _____

Print Full Name of Adult Telephone #
Relationship to Child _____

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

EMERGENCY CARE:

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

**PARENT/GUARDIAN
SIGNATURE _____**