



Summer Camp Enrollment Form 2024

Please complete separate forms for each child & submit immunization records.

Student Name:	Street Address:
Home Phone:	City, State, Zip:
Gender:	Date of Birth:
Grade Entering (9/2024):	
Parent/Guardian (1):	Relationship:
Address if Different:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Parent/Guardian (2):	Relationship:
Address if Different:	
Phone (home):	Phone (cell):
Phone (work):	Email:
Emergency Contact (1):	Emergency Contact (2):
Phone (cell):	Phone (cell):
Allergies/Reactions:	Medications:
Doctor's Name & Phone:	
Hospital Preference:	
How did you hear about us?	
<p>Authorization for Medical Care: I hereby authorize Little Shepherds ELC representatives to provide my child with any and all necessary treatments in the event of a medical emergency. I understand that such representatives of LSELC will make every effort to contact me and/or the emergency contacts listed above, but will not delay treatment in so doing. I agree that my child participates in this program voluntarily and I assume all risk and responsibility for any and all medical treatments as such may arise.</p>	
<p>Acceptance of Tuition Policies: I understand that full day Camp hours are 8:30am - 3:30pm and half day Camp hours are 8:30am - 12:30pm. I recognize that, while Little Shepherds is open from 7am - 6pm, any time my child/children spend at Camp outside of the hours I signed my child/children up for will be billed accordingly at the Kids Care rate of \$10.00/hour. I also understand that tuition payments are due each Monday for the week ahead and payments may be made via cash, check, or credit card.</p>	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature of Parent or Guardian Date </div>	
Days Attending: M T W Th F	Hours Attending:
Start Date: _____ Vacation Dates: _____	