

Directions: Please complete and provide this Registration form for Summer Camp along with the 25% Summer Camp. **Registrations received after March 20th will require a registration fee of \$50.** Summer Camp fee is \$250/week from 9-3pm (no camp Friday 7/3 so \$200 for that week). Before and/or after care will be \$10/hr.

Select Schedule: Please check all weeks that apply:

Before or After Care: Please put "B" and/or "A" next to each week to request Before or After Care.

6/1-6/5 6/8-6/12 6/15-6/19 6/22-6/26 6/29-7/2 (4 days)
 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31
 8/3 – 8/7 8/10-8/14

Child's Information

Name: _____
First Middle Last

Gender: Female Male Date of Birth: ___/___/___ Age on 8/1/2020: _____

Parent / Guardian #1 Information Relationship to Child: _____

Name: _____
First Middle Last

Email: _____ Mobile Phone/Text: _____

Signature: _____ Date: _____

Parent / Guardian #2 Information Relationship to Child: _____

Name: _____
First Middle Last

Email: _____ Mobile Phone/Text: _____

Signature: _____ Date: _____

*Parents of existing LSCIP students with Missouri Enrollment forms on file for 2019-2020 may be requested to update information as needed to extend enrollment through summer camp. Parents of new students will need to complete the set of Missouri enrollment forms prior to the first day of camp.

<p>Office Use Only: Date Registration Form Received: ___/___/___ Deposit Check #: _____ Amount: _____ Confirmed Schedule: Y / N / Wait List Information: _____ Initials: _____</p>
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