

2023 Summer Camp Registration

Child's Name	Preferred Name	Date of Birth	Gender
Home Address	City	State	Zip
Parent(s) Name(s)	Primary Contact Email Address	Primary Phone	Other Phone
Emergency Contact Name		Emergency Contact Phone	

My child was / was not enrolled at Lancaster Preschool for the 2022-2023 school year. If your child was enrolled, please specify which class _____. **Students will be enrolled in the age group aligned with their 2022-2023 class placement (ex: 2022-23 Tots remain in Tots class for summer, 3s remain in 3s class, etc).**

Camp Theme	Date	Enroll	Weekly Tuition Rates
Mission Space	June 5 – 9	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Let's Go Camping!	June 12 -16	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Adventures in Art	June 19 – 23	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Salute to America	June 26 – 30	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Shark/Beach Week	July 10 – 14	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Into the Garden	July 17 – 21	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Jurassic Park	July 24 – 28	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)
Acts of Kindness	July 31 – August 4	YES _____	\$185 (2s-Kindergarten) / \$195 (Tots)

**Payment due at time of registration. Refunds are not available for summer camp sessions. Class sizes are limited, and spots will be filled on a first-come, first-served basis.*

***To be eligible for Tots class, student must have completed Tots class at Lancaster Preschool.*

I am registering my child for (#) _____ week(s) of Summer Camp at Lancaster Preschool. I understand that my enrollment is pending until I have submitted a completed registration form and payment.

Lancaster Preschool has our permission in an emergency to obtain the medical services of a physician for which we, the parents, will assume financial responsibility. It is understood and agreed by us that Lancaster Preschool, the Board of Directors, Teachers and Administration are hereby released from any claims or financial responsibility arising out of any injury that may occur in connection with the operation of the school, or from any illness that may be contracted by the child during their period of enrollment.

DATE _____ PARENT'S SIGNATURE _____

# weeks	1	2	3	4	5	6	7	8
Tots	\$195	\$390	\$585	\$780	\$975	1,170	\$1,365	\$1,560
2s – K	\$185	\$370	\$555	\$740	\$925	\$1,110	\$1,295	\$1,480

Date Received _____ Registration Paid _____ (Cash _____ Check# _____)