2024 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						
Allergies: Please list any applicable alle	rgies AND the medically approved treatr	nent plan:					

My child was / was not enrolled at Lancaster Preschool for the 2023-2024 school year. If your child was enrolled, please specify which class _______. Students will be enrolled in the age group aligned with their 2023-2024 class placement (ex: 2023-24 Tots remain in Tots class for summer. 3s remain in 3s class. etc).

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Date	Enroll	Weekly Tuition Rates		
June 3-7	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
June 10-14	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
June 17-21	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
June 24 -28	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
July 8 -12	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
July 15 - 19	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
July 22-26	YES	\$245 (Tots-3s) / \$200 (4s, Pre-K, K)		
July 29 - August 2	YES	\$245 (Tots-3s) / \$200 (4s, Pre-К, К)		
	June 3-7 June 10-14 June 17-21 June 24 -28 July 8 -12 July 15 - 19 July 22-26	June 3-7 YES June 10-14 YES June 17-21 YES June 24 -28 YES July 8 -12 YES July 15 - 19 YES July 22-26 YES		

Please note: 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.

If you are registering for multiple weeks and prefer to set up a payment plan, please contact Emily Murphy at emurphy@lancasterps.org.

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. We agree that Lancaster Preschool, 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-3s	\$245	\$490	\$735	\$980	\$1,225	1,470	\$1,715	\$1,960
4s/PK/K	\$200	\$400	\$600	\$800	\$1,000	\$1,200	\$1,400	\$1,600