

2024 Tots 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 allergies AND the medically approved treatment plan: _____			

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) therefore to be eligible for the Tots Summer Class, student should have attended in a Tots preschool class during the 2023-2024 school year.

Camp Theme	Date	Enroll	M-F	M/W/F	T/TH
STEMtastic	June 3-7	YES _____	\$245	\$150	\$100
Nature Explorers	June 10-14	YES _____	\$245	\$150	\$100
Cooking Up A Story	June 17-21	YES _____	\$245	\$150	\$100
Carnival Craze	June 24 -28	YES _____	\$245	\$150	\$100
Hawaiian Hullabaloo	July 8 -12	YES _____	\$245	\$150	\$100
Up, Up and Away	July 15 - 19	YES _____	\$245	\$150	\$100
Oooh La La Olympics	July 22-26	YES _____	\$245	\$150	\$100
Water Week	July 29 - August 2	YES _____	\$245	\$150	\$100

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 should have attended a Tots preschool class during the 2023-2024 school year.

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 _____

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