



LA PETITE ÉCOLE DE CHICAGO

SUMMER SCHOOL SIGNUP FORM

Child's Name	Last:	First:
Age (circle 1)	3 4 5 6 7 8 9 10 11 12	
Grade (circle 1)	PS MS GS CP CE1 CE2 CM1 CM2 6ème	

I, _____ (Parent's name) wish to enroll my child in the 2021 Summer School at the Winnetka Campus for the following weeks (circle the weeks requested):

<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>
<u>July 5-July 9</u>	<u>July 12-July 16</u>	<u>July 19- July 23</u>	<u>July 26-July 30</u>

My child is currently enrolled in La Petite École de Chicago (Y / N) (circle one)

If your child is NOT enrolled currently or for the 2021-22 school year, we will need an Illinois Health Form filled out and signed BEFORE your child begins camp. All allergies must be clearly documented by a letter from the treating physician and EPI pens must be provided by each family.

Payments are due at signup and may be made by check with this form. (\$300/week/child) (turn in form and payment with necessary health forms, in an envelope at front desk of the Community House).

A camp T-shirt will be provided to each child with sign up. Additional T-shirts may be purchased at cost.

I agree to drop off my child at 9:00AM and to pick up my child no later than 4PM MON-THU and to drop off my child at 9:00AM and to pick up my child no later than 2 PM on FRI.

Parent's Signature: _____ Date (dd/mm/yy): _____

Parent's Phone #: _____

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