

**SUMMER CAMP 2009
TODDLER CLASS
REGISTRATION FORM**

IF YOU ARE INTERESTED IN ENROLLING YOUR CHILD IN SUMMER CAMP,
PLEASE COMPLETE THIS REGISTRATION FORM (FRONT AND BACK SHEET)
AND RETURN IT WITH YOUR \$40.00 REGISTRATION FEE.
CAMP TUITION FEE IS DUE THE FIRST DAY OF CAMP

CHILD'S NAME _____

BIRTHDAY _____ **AGE** _____ **SEX** _____

SESSION ONE: JUNE 1 - 12

Days: MONDAY-FRIDAY M-W-F TU-TH

Hours: _____ _____ _____

SESSION TWO: JUNE 15 - 26

Days: MONDAY-FRIDAY M-W-F TU-TH

Hours: _____ _____ _____

HOLIDAY CARE OFFERED: JUNE 29, 30, JULY 1, 2; SCHOOL CLOSED: JULY 3RD.

SESSION THREE: JULY 6- 17

Days: MONDAY-FRIDAY M-W-F TU-TH

Hours: _____ _____ _____

SESSION FOUR JULY 20 - 31

Days: MONDAY-FRIDAY M-W-F TU-TH

Hours: _____ _____ _____

SESSION FIVE: AUGUST 3 - 14

Days: MONDAY-FRIDAY M-W-F TU-TH

Hours: _____ _____ _____

HOLIDAY CARE OFFERED: AUGUST 17 - 28TH.

August 31 - September 7th. - School Closed

School Begins: Tuesday, September 8th.

MAKE CHECK PAYABLE TO: Little Red Schoolhouse
2055 Metairie Road
Metairie, La. 70005

CHILD'S NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ MOTHER'S NAME _____

DAD'S CELLULAR PHONE: _____ BUSINESS # _____

MOM'S CELLULAR PHONE: _____ BUSINESS # _____

PARENT'S MARITAL STATUS : MARRIED _____ WIDOW _____

SEPARATED _____ DIVORCED _____ SINGLE _____

CHILD LIVES WITH :
_____ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER(Explain) _____
CUSTODY/VISITING ARRANGEMENTS _____

CHILD'S DOCTOR _____ PHONE _____

Food Allergies _____

Medicine/Other Allergies _____

Are there any medical problems of which we should be aware? _____

Has the child had a previous group or preschool experience, if so where and
when _____

Persons to call if parent cannot be reached:

Name and Relationship _____ Phone _____

Name and Relationship _____ Phone _____

Name and Relationship _____ Phone _____

PERMISSION FOR PICKUP
I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD FROM LRSH

Print Full Name of Adult Telephone # Relationship to Child

Print Full Name of Adult Telephone # Relationship to Child

Print Full Name of Adult Telephone # Relationship to Child

Print Full Name of Adult Telephone # Relationship to Child

PARENT/GUARDIAN SIGNATURE _____