## Lake Castle Private School Summer Camp 8400 Hayne Boulevard - New Orleans, Louisiana 70127

Name:		: en camp begins		<del></del>	
Last Grade Completed		mp Group			
Name of elementary school child		•	•		
Sex: Male Female			Date:		
Mailing Address:					
			F	hone	
Father's Name					
Business Name/Address			F	hone	
Cell phone	Other		_		
Mother's Name					
Business Name/Address			F	hone	
Cell phone	Other		_		
Emergency Contact			F	hone	
Relationship to child:					
***Please list any physical limitat	ions we need to be awa	are of -			
fees. Camp tuition is due and payal By registering your child at Lake Ca Castle's use of your child's picture a agreeing to allow your child to atter	astle Private School and and/or name on the scho	Camp, you are	e granting pe or in any scl		
(Child's Name)	_ has my permission to	o leave campu	us for field	trips.	
Full Signature of Parent or Guardia	n Full Sig	Full Signature of Parent or Guardian			
Printed Name	Printed	Name			
<u> </u>	, 2017 – June 23, 2017)	•	7 – July 14,	2017)	
Full Time 1 <sup>st</sup> Session (ONE SESSION \$385)	2 <sup>nd</sup> Session (BOTH SESSIO		Sessions (ONE WE	EEK \$165)	
<u>Dismissal</u>					
Upper (Please spec	eify time) After Ca	amp Care			
<u>Uniforms</u> \$25.00 per set or \$13.00	) for single items				
Number of uniform sets needed					
Shirt Size: YS YM YL AS AM AL	AXL	Shorts Size:	YS YM AS AM	YL AL AXL	