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

Name:	A	ge: hen camp begins	DOB:		_
Last Grada Completed					
Last Grade Completed		Summer Camp G			
Name of elementary school chi					
Sex: Male Female					
Mailing Address:					
				none	
Business Name/Address			F	Phone	
Cell phone	Other		_		
Mother's Name					
Business Name/Address			F	Phone	
Cell phone	Other		_		
Emergency Contact			F	Phone	
Relationship to child:					
***Please list any physical limit	ations we need to be a	ware of -			
Enclosed is the \$50 fee (\$25 regi fees. Camp tuition is due and pay By registering your child at Lake Castle's use of your child's pictur agreeing to allow your child to att	/able <u>on or before the c</u> Castle Private School ar e and/or name on the sc	opening day of d nd Camp, you are hool's webpage d	e granting p por in any sc	ermiss	ion and agreeing to Lake
(Child's Name)	has my permission	to leave campu	is for field	trips.	
· · ·					
Full Signature of Parent or Guard	lian Full S	Signature of Pare	nt or Guard	ian	
Printed Name	Printe	ed Name			_
Session(s): (June	4, 2018 – June 22, 2018	8) (June 25, 201	8 – July 13	, 2018))
Full Time 1 st Session (ONE SESSION \$385	2 nd Session (BOTH SESS	Both \$ IONS \$555)	Sessions (ONE W	EEK \$	
<u>Dismissal</u>					
Upper (Please sp	ecify time) After	Camp Care			
Uniforms \$25.00 per set or \$13.	.00 for single items				
Number of uniform sets needed		_			
Shirt Size: YS YM YL AS AM AL		Shorts Size:	YS YM AS AM		AXL