**SUMMER**

**CAMP 2017**

**REGISTRATION PACKET**

**Completed K4 through**

**Completed 4th Grade**

**Monday – Friday**

**7:30AM – 5:30PM**

**The summer program is under the direction of Lafayette Christian School**

**Early Learning Center**

LAFAYETTE CHRISTIAN SCHOOL EARLY LEARNING CENTER

General Policies for MASTER’S Summer Day Camp Program

**Hours of operation:** *7:30AM – 5:30PM Monday – Friday.*

***Date of Operation:*** *May 30th - July 28th* ***\*We will be open the week of July 3rd -7th***

**Pickup and Delivery:** Parents are responsible to bring their children to the gym and sign them in and out each day. On the enrollment form, you are to list all persons you authorize to pick up your child in both normal and unusual circumstances. Should circumstances require a change, we must receive advance notice directly from the parent. In cases of separation or divorce, we cannot deny releasing a child to either parent unless a court document is on record in our file expressly forbidding one or the other or detailing visitation rights. All persons not known to the staff will be asked to show identification. Those picking up your children must be at least sixteen (16) years of age. (This is a STATE regulation.)

**Location:** Sign in and pick up for K5 campers will be in the main building. Sign in and pick up for 1st and up will be in the Gym from 7:30-8:30AM and 4:30-5:30PM, otherwise the office can direct you where to leave your child.

**Registration Fee**: Early Registration Discount available. $110 fee must be paid prior to March 31, 2017. The cost increases to $130 from April 1st to April 30th. From May 1st on, registration is $140. Payment of registration fee guarantees your child’s place and pays for swimming lessons and a Summer Camp t-shirt. There is an additional charge for children participating in special camps. Both Basketball Camp and Archery Camp is $50.00 per camper.

**WinShape: Campers who have completed 1st -4th grades will be participating in the WinShape camp that will be held on LCS campus the week of June 12th -16th. WinShape normally cost $209.00 per camper; however, LCS campers only pay $55.00 in addition to their regular Summer Camp fee.**

**You must register for WinShape camp at** [**www.winshapecamps.org**](http://www.winshapecamps.org) **use the code LCS17.**

**What to Bring:** Children must wear tennis shoes, bring an extra set of clothes to be left at camp (everything should be labeled and in a plastic bag with the child’s name), and they may bring flip-flops to wear to the pool only. Children will not be permitted to run and play in the gym unless they have tennis shoes on. Crocs are not permitted. NO electronics or toys from home may be brought to camp.

**Payments:** Cost for 1st child in family $115 per week for full time. The 2nd and 3rd child from the same family receive a $10 discount per child for full time camp. Part time campers can attend three days a week for $90 per week or 2 days a week for $60.00. If you choose the 2 day or 3 day part time, days must be the same each week. After the days are set, they cannot be changed due to pre-planning events and activities. Part time campers from the same family do not receive a discounted price on the 2nd and 3rd child. For safety and accuracy, we prefer that all payments be made by check. You can pay by debit card with a pin in the school office. Please do not send payment with a child. Payments will only be accepted by the camp director and should be separate from Early Learning Center payments.

**Payments Due:** All weekly fees are payable in advance on Monday afternoon by 5:30 pm for students who attend full time. Part time payments should be made in advance the first day the child is present. A $25.00 late fee will be charged each week for late payments.

 **Vacation Policy:** In order to provide the best camp possible, fees must be paid for each week of the summer, **even if the child is not in attendance**.

 **Late Pick-Up Fee:** An overtime fee of $5.00 will be charged for each 5 minute period or part thereof that a child remains in camp beyond scheduled closing. This fee may be included in the following week’s payment or paid separately. Your child and our staff would appreciate a message if you will be later than normal. This will be strictly enforced.

**Snacks & Lunch:** The summer program will provide all snacks and lunch. Eating is not permitted in the gym, so please do not send outside food or drinks with your child.

**Medication:** Medication can only be administered by the camp director with a doctor’s note and form completed by the parent. Children may not keep medication.

**MASTER’S SUMMER CAMP PROGRAM**

Start Date \_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_\_\_\_\_\_\_\_\_

Part Time \_\_\_\_\_\_\_\_\_\_\_\_

School Attending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid \_\_\_\_\_\_\_\_\_\_\_\_

Cash / Debit / Check

**1904 HAMILTON ROAD, LAGRANGE, GA 30241**

**CHILD ENROLLMENT FORM**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

Name Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: YS YM YL AS AM AL

Sex\_\_\_\_\_ Age\_\_\_\_\_\_\_Grade Completed\_\_\_\_\_\_\_Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Where This Child Lives\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Living Arrangements: [] Both Parents [] Mother [] Father [] Other

Child's Legal Guardians): [] Both Parents [] Mother [] Father [] Other

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:
1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons to contact in the case of an emergency when parents cannot be reached:
1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Physician or Clinic's Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following special need(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns (medical, mental, emotional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The center must be notified immediately of any change in telephone numbers, work locations, emergency numbers, child’s physician, etc.

Signature (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAFAYETTE CHRISTIAN SCHOOL EARLY LEARNING CENTER**

 **MASTER’S SUMMER DAY CAMP PROGRAM**

# EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_suffer an injury or illness while in the

Child's Name Date of Birth

care of LCS Early Learning Center Summer Program and is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TelephoneNumber\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAFAYETTE CHRISTIAN SCHOOL**

 **EARLY LEARNING CENTER**

**MASTER’S SUMMER CAMP PROGRAM**

**Financial Contract** **with Parent/Guardian**

**To assure that we can provide the highest quality of services, it is essential that the financial status of the Camp remain stable. Therefore, we must require that each family financially support the summer camp program on a timely, consistent basis.**

I understand that by signing this contract, I/we will be responsible for **all** charges for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Name)

**I/We agree to pay fees in advance on Mondays:**

**Weekly Bi - Weekly Monthly Full Summer**

 **(Please circle one)**

*(Taking my choice of payment plans into consideration)*

I understand that weekly payments are due on Monday of the current week. Bi-Weekly payments are due every other Monday. Monthly payments are due the first Monday of each month.

**I understand that payments not received as stated above will be charged a $25.00 late fee each week.**

I understand that if my child is not picked up by 5:30 p.m., I will be charged **$5.00 for each 5 minute period or a part thereof that a child remains in the Center. This fee may be included in the following week’s payment or paid separately.**

I understand that if my payment check is returned as unpaid, I will be charged $25.00 returned check fee. Should Ihave a total of three returned checks, I will make all payments in cash or money orders.

I have read and agree to abide by the above regulations.

Signed*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date\_\_\_\_\_\_\_\_\_

![MCj03975060000[1]]()![MCj03982830000[1]]()

Lafayette Christian School Basketball Camp

June 5th – June 8th

FEE $50.00 per camper

Rising 1st through 4rd graders from 1:00PM-3:00PM

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in LCS basketball camp.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![MCj03982690000[1]]()![MCj03204340000[1]]()

Lafayette Christian School Archery Camp

July 24th – July 28th

Fee $50.00 per camper

Only available to the first 30 children to sign up

Rising 4th through 12th grade from 1:00PM-3:00PM

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in LCS archery camp.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child's Name)

\_\_\_I do give permission to take or have photos taken of my child

 \_\_\_I do not give permission to take or have photos taken of my child

 \_\_\_I do give permission for my child to be videotaped.

 \_\_\_I do not give permission for my child to be videotaped.

**LAFAYETTE CHRISTIAN SCHOOL EARLY LEARNING CENTER**

**MASTER’S SUMMER CAMP PROGRAM**



I understand these photos will not be sold or distributed without my knowledge or permission.

Photographs are taken on different occasions such as birthdays, holidays and special occasions and sometimes used for arts/crafts projects and various other things. I give permission for photos to be used in LCS ELC brochures, websites, advertising material, etc.

Signature of Parent/ Guardian Date

RELEASE OF LIABILITY

American Red Cross Learn to Swim Program/LaGrange College

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible person/phone during lessons? **Master’s Summer Camp / 706.594.5194**

**Session/level for swimming lessons:**

**Session III**

**Level \_\_\_\_\_\_\_ (LaGrange College will determine the level your child will be placed in)**

**Session III: July 10th – 14th**

 **July 17th -21st**

**10:00AM**

Level I

Level II

Level III

Level IV/V

Level VI

*RELEASE OF LIABILITY:* ***I understand and agree that LaGrange College, including their respective instructors, officers, directors, employees, agents, members, volunteers and all others involved, shall not assume or have any responsibility or liability for expenses, medical treatment or compensation for any provider negligence or injury that I/my child/my ward may suffer during or resulting from my participation in this program. I do hereby, for myself, my child, my ward, my spouse, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that may now or may hereafter accrue, arising from or in any way may be connected with participation in this program. I understand the inherent dangers of the water, including drowning, internal injuries, broken bones, sunburns, heat stroke or exhaustion and upper respiratory illness. I assume for myself/my child/my ward any and all risks associated with participation in this program at the LaGrange College Natatorium.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

***Paid for by Master’s Summer Camp included in Registration Fee.***

\*\*PART TIME CAMPERS:

We will provide transportation to swimming lessons ONLY on the days they are registered to attend Master’s Summer Camp. The parent is welcome to bring their child on the other days; however we will not be responsible for them on these days.

**Lafayette Christian School Summer Camp Weekly Swim Days & Swimming Lessons Permission Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my child/ren,

 (Parent/ Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of children)

permission to attend **LCS Summer Camp Weekly Swim Days** at LaGrange College Natatorium, 800 Dallis Street, LaGrange, GA 30240 on Tuesdays, Wednesdays, and Thursdays beginning Wednesday, May 31st. I give my permission for my children to be transported by the LCS School Bus on the days listed above. The bus will leave the LCS Campus at 1:30 PM and return at 4:30 PM.

I give permission for my children to attend **LCS Summer Camp Swimming Lessons** at LaGrange College Natatorium, 800 Dallis Street, LaGrange, GA 30240, each morning 10:00 AM – 12:00 PM (Monday – Friday) July 10th – 21st. I give my permission for my children to be transported by the LCS School Bus on the days listed above. The bus will leave the LCS Campus at 9:30 AM and return at 12:30 PM.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_