



# FunCamp 2016

**Early Childhood Registration Form**  
**Registration Deadline is May 1, 2016**  
(One form per child)

Camper's Name \_\_\_\_\_ Girl or Boy \_\_\_\_\_

Date of Birth \_\_\_\_\_ 2016 - 2017 Grade Level \_\_\_\_\_ New Student Y or N \_\_\_\_\_

Current School \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt Size (3T, 4T, 5T, 6) \_\_\_\_\_

## **Pre-Kindergarten – Kindergarten only:**

(check all sessions that apply)

☐ **Session 1** (June 6-17) Theme: Safari

☐ **Session 2** (June 20-July 1) Theme: Science

- The enclosed Emergency Contact Information form must accompany the registration form and payment (please note that payment will not be refunded after May 1)
- Camp fee is \$500.00 per two-week session (8:00-12:00)
- For new Lamplighter students, one session of camp is included in your New Student Fee

Remit check or cash to: The Lamplighter School  
C/O Business Office (Camp Lamplighter)  
11611 Inwood Rd  
Dallas, TX 75229

Questions may be directed to: Cheryl Shulman, Summer Camp Director  
cshulman@thelamplighterschool.org  
(214) 369-9201 Ext. 309



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## Emergency Contact Information (one per child)

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### **Emergency Contacts:**

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone number \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone number \_\_\_\_\_

Child's Primary Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Allergies / Special Needs: \_\_\_\_\_

\_\_\_\_\_

### **Release and Consent**

\_\_\_\_\_ is my child and is now under my control and custody. I authorize The Lamplighter School and its representatives to consent to medical treatment of my child in case of an illness or injury in connection with a school activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such physicians, medical personnel, hospitals, and/or clinics as may be selected by The Lamplighter School or its representatives. I understand the risks of such emergency treatment, and I hereby release and hold not liable The Lamplighter School, its trustees, agents, and/or employees from all liability which may arise from such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This signed release form is required to be returned with the child's registration in order to attend any camp session.