## OUR LADY OF THE LAKES SUMMER CAMP REGISTRATION FORM

Camper's Name:						
Phone Number:			Grade 2017-2018:			
Please circle t-shirt size: YXS	YS YM	YL				
Hours- 8:00 A.M. – 4:00 P.M. ( late fee for every 15 minutes)		icked	up after 4 P.M. will be charged \$25			
Please check below	which wee	k(s) yo	our child will be attending			
Week 1 (June 19- June 23)						
v	Week 2 (June 26- June 30)					
Close	d week of	July 3	- July 7			
V	Week 3 (July 10- July 14)					
v	Week 4 (July 17- July 21)					
Week 5 (July 24- July 28)						
Registration Fee		\$1	00.00			
Cost		\$1	50.00 / Week			
f paid by June 7 (entire summer) - \$70		00.00 + Registration Fee = \$800.00				
All payments are non-refundable.						

Please return this form completed on both sides, with registration fee (payable to OLL) to the Main Office between 7:30 a.m. and 3:30 p.m. Limited Enrollment.

## OUR LADY OF THE LAKES CATHOLIC SCHOOL



## 6600 Miami Lakeway North Miami Lakes, FL 33014

## SUMMER CAMP EMERGENCY CONTACT FORM

Student's name:		Date:				
Grade entering in August :				Date of Birth		
Student's address:			·			
Street Student's home phone: (	) ode	City	State _e-mail address:	Zip		
Student resides with: Both parents_						
Father's name:	1.51.7544771		Occupation:			
Father's phone: Home	Wo	ork	Cell	· .		
	e-mail address:					
Mother's name:		***************************************	Occupation:	· · · · · · · · · · · · · · · · · · ·		
one. Hone : مارنز د Mother	Wc	ork	Cell			
Employer's name:	e-mail address:					
Contact person for medical e	mergencies:					
Relationship to student:			e-mail address:			
Phone: Home	Work		Cell	A Company of the Comp		
please explain:				tudent:		
Names of people who may no	ot pick up your	child <u>;</u>				
Your signature below indicates including the payment of all feet		nce with	the enclosed requiren	nents for enrollment		
Father's signature (or Legal Guard	lian)	i	Mother's signature (or Le	gal Guardian)		
·						