



Lafayette Academy Summer Camps for children ages 2-8

(No diapers, please. Children must be potty trained.)

Week 1: June 15-19, Ocean Week

Week 2: July 6-10, Space Week

Camps meets 5 days: Monday - Friday, 9 a.m. - 12 p.m.

This summer, let your child's natural curiosity lead to great fun and a deeper love of learning. At L.A.P. Summer Camps, learning abounds with hands-on discovery. Each week, a child-friendly theme features exciting activities in art, nature, games, music and stories. Along the way, children exercise their creativity, explore, and learn while having a wonderful time.

Location:

Lafayette Academy is an independent school educating children ages 3 through 5. We are located in The Shoppes at Old Hill. Our address is 3620 Paoli Pike, Suite 5, Floyds Knobs. (Next to The Yellow Cactus.)

Registration:

Camp sessions are filled on a first-come, first-served basis with payment due in full. To register your child, please mail registration information with payment to:

Lafayette Academy, 3620 Paoli Pike, Suite #5, Floyds Knobs, IN 47119 or send to school with your child.

Full refunds are given if a camp session is cancelled due to insufficient enrollment or if a camp session is full and we are unable to accommodate your camp selection(s).

No refunds may be issued in part or in full due to camper's illness or absence, or if a family chooses to cancel. Camp fees are

non-transferable. To add a camp session, please fill out the form below.
Payment in full will be due at the time of addition(s).

Program Cost:

\$80 per five-day morning session, minimum enrollment of 10 per session
(Children are placed into developmentally appropriate groups in three
classrooms, all led by certified teachers.)

A Day at Lafayette Academy Summer Camp:

Arrival:

Parents walk their children into the classroom from 8:55-9:00 where
teachers will greet campers. (Front entrance door will be unlocked from
8:55-9:00.)

Thematic Centers:

At various learning centers, children choose multi-sensory, hands-on
activities that allow for exploration and discovery of each weekly theme.
The fluid structure allows for work and play independently and in groups
during camps.

Group Time:

Campers share fun group experiences. Typical activities include stories
and songs, music and movement games, finger plays and art.

Snack:

A nutritious snack and water are provided by teachers each morning. For
your child's safety, please list any food allergies or dietary restrictions on
the registration form.

Play Time:

Using the indoor and outdoor facilities, campers practice social skills
while strengthening and exercising growing bodies.

Dismissal:

Parents walk to his/her child's classroom from 11:55-12:00. (Front
entrance door will be unlocked from 11:55-12:00.)

Camp Dress Code:

Casual, comfortable clothes and tennis shoes (with closed toe, closed heel
and Velcro or Tie Closure) are required for camp. Parents will be notified
if campers need other special clothing for a specific day.

Camper's first & last name: _____

Home address: _____

Emergency Contact #1: (name) _____ (phone) _____

Emergency Contact #2: (name) _____ (phone) _____

Gender: ____ Birthday: _____ School Attending in Fall: _____

Food Allergies/Medical Needs: _____

Custody Issues or anything else we should know about? _____

Please circle the weeks you wish to attend: Week 1: June 15-19 Week 2: July 6-10

Camp fees: \$80 per week. Total due: _____ (checks can be made payable to L.A.P.)

Permission & Release Form

*I hereby grant permission for my child to use all of the play equipment and participate in all activities of the school.

*I hereby grant permission for the camp director or authorized personnel to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to attempting to contact a parent, guardian, child's physician or any of the persons listed on the emergency information provided to the school by the parent or guardian. If the above mentioned cannot be contacted, school personnel will do any or all of the following: call another physician, call an ambulance, have child taken to an emergency hospital in the company of a staff member. Any expenses incurred while enlisting the help of medical personnel as listed above will be borne by the family.

*It is agreed that Lafayette Academy and staff assume no liability for injuries sustained as a result of participation in any and all Lafayette Academy programs.

*In consideration for my child's opportunity to participate in camp activities, I hereby agree to release, hold harmless and indemnify Lafayette Academy, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

_____ (Parent or Guardian Signature) Date _____

*I hereby grant permission for my child to be included in the documentation of programs and activities at LAP through the use of photography, video or printed materials.

_____ (Parent or Guardian Signature) Date _____