



Summers at L.E.A.D.  
Enrollment Application

**Registration Fee: \$25**

**Camp hours: 8am-3pm \$90 a week (\$80 for siblings)**

**Extended Camp hours: 6am-6pm \$120 a week (\$105 for siblings)**

**Daily Fee: \$25 per Child**

**Camp dates: June 1- Aug. 7, 2015**

*Please fill out front and back completely. Parent must sign agreement on back.*

**ALL FEES AND PAYMENTS ARE NON-REFUNDABLE**

**Child's Name:** \_\_\_\_\_  
First Middle Last

Name child prefers to be called: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance/Medical Information:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or medical conditions: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list allergies or medical condition: \_\_\_\_\_

\_\_\_\_\_

**Authorization for Medication:**

No medication shall be given by L.E.A.D. Academy staff without the signed permission of parent or guardian.

Name of medication or prescription number: \_\_\_\_\_

Amount of medication to be given: \_\_\_\_\_ Times: \_\_\_\_\_

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

**Permission to administer OTC medication:**

In an effort to eliminate unnecessary discomfort for your child while we attempt to reach you, L.E.A.D. Academy seeks your permission to administer the following medications, as needed.

Please strike through any medications you **do not** want your child to receive.

*Neosporin Hydrocortisone Cream Benadryl First Aid Spray Benadryl Cream Advil Tylenol*

**Authorized Pick-up Information:**

Please list additional contacts, who will be given clearance to pick up your child from school. Proper identification will be required before your child is released.

My child may be picked up by mother ( ) and/or father ( ) \_\_\_\_\_ (please initial)

| Name | Relationship to Student | Phone Number |
|------|-------------------------|--------------|
|      |                         |              |
|      |                         |              |
|      |                         |              |
|      |                         |              |
|      |                         |              |

I agree to keep my information updated and current with L.E.A.D. Academy Classical School \_\_\_\_\_ (please initial)

**Financial Agreement**

I agree to pay each week, on the first day the child attends, a regular weekly tuition fee, with no deductions for absences or holidays. If tuition is not paid before the close of business on the first day of attendance, a late payment fee of \$10.00 per day will be added to my child's tuition.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial those items for which you give your consent.

- \_\_\_\_ Field Trips
- \_\_\_\_ Transportation by L.E.A.D. Academy
- \_\_\_\_ Insect Repellent
- \_\_\_\_ Sunscreen
- \_\_\_\_ Supervised water play
- \_\_\_\_ Photographs to be taken for classroom/internet/other

Camper Shirt size: Youth **xs s m l xl** (circle size)  
Adult **s m l xl**

Each camper will be given 2 shirts when he or she registers. Shirts are \$10 each if you would like to purchase extras. The campers are required to wear the shirts each day.

\_\_\_\_\_ (please initial)

|   |
|---|
| Office Use Only:<br>_____ 2 shirts given _____ Shirts Purchased<br>_____ Paid (check/cash) _____ Shirts Received _____ Date |
|---|

