



Summer Camp Registration Form 2008

Complete and return with registration and tuition

Circle Desired Weeks:

June 9	June 16
June 23	June 30
July 7	July 14
July 21	July 28
Aug 4	Aug 11
Aug 18	Aug 25

Amount Paid: _____

Check #: _____

To register by phone, please call your preferred camp location.

We accept all major credit cards, checks or cash.

CAMP LOCATION: POLLY DRUMMOND SHOPPING CTR - PIKE CREEK, NEWARK DE (302)266-7787

Camper's Last Name: _____

Camper's first Name: _____

Address _____

City _____

State _____

Zip Code _____

Sex (M/F) _____

Date of Birth _____

Present Age _____

Grade (Sept 2008) _____

Camper resides with _____

Email address: _____

1) Parent's Last Name _____

Parent's First Name _____

Marital Status _____

Address (if different from above) _____

City _____

State _____

Zip Code _____

Home # _____

Work # _____

Ext _____

Cell # _____

2) Parent's Last Name _____

Parent's First Name _____

Marital Status _____

Address (if different from above) _____

City _____

State _____

Zip Code _____

Home # _____

Work # _____

Ext _____

Cell # _____

Questions & Procedures

This application is accepted subject to the completion of all necessary forms. I have enclosed the \$25 registration fee per camper and the minimum \$225 deposit per camper with this application. There will be no registration refund in the event of cancellation prior to camp. No camp fees will be refunded once camp begins. Payment must be made at least one week in advance of the week being paid for. Registration for a particular week(s) is only guaranteed if payment has been made for the desired week(s). Two week minimum to be eligible to model in Annual Fashion Show. Please call the camp location to ensure availability in the weeks you desire prior to submitting registration packet. Registration may also be done by phone using any major credit/debit card.

I give permission for my child to attend activities which are held off camp grounds. In understanding that Lil' Angels Kids Spa will provide supervision on all trips and that Lil' Angels Kids Spa will make every effort to ensure the safety of all participants. I am also aware that Lil' Angels Kids Spa cannot assume responsibility for any accident or illness going to, from, or during the trip, and therefore releasing Lil' Angels Kids Spa and its agents, servant and employees from any injury or illness to my child. If I cannot be reached in the event of an emergency, I agree to assume all expenses for moving and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgement of the attending physician.

Signature of Parent _____

Date _____

Lil' Angels Kids Spa Summer Camp 2008

EMERGENCY / RELEASE INFORMATION

Along with the child's parents, camper may only be released to the following individuals. These individuals will also be contacted in the event of an emergency if parents cannot be reached.

#	Name	Relationship	Phone #	Cell #
#1				
#2				
#3				

Has the child received all immunization as required by State Law?

Yes

No

My child's last tetanus shot was

My child is allergic to:

Penicillin

Aspirin

Other

My child is on the following medication(s)

Please indicate any other important information and/or medical problems.

Medical Insurance Carrier

Medical Insurance Policy #

Family Physician

Physician's Telephone #

Parent's Signature

Date

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