

Can Do Camp 2011

Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 North
Austin, Texas 78734

Camper's Name _____ Age: _____ DOB: _____

Member of LTUMC – Yes _____ No _____ Other: _____

Enrolled in LTUMC Preschool 2010/11 _____ 2011/12 _____

Each of the following Camps has a tuition of \$100.00. A non refundable tuition payment of \$25.00 per camp is due at the time of registration. The balance of \$75.00 is due no later than the "Final Payment Due Date" listed for each camp. If the Final Payment is not made, the spot will be filled. If you prefer you may make the entire tuition payment when you register.

Please enroll my child in:

Camp 1 – Born 3/1/10 thru Pre-K this year



_____ **The Great Big Dig – May 31, June 1, 2**
The fun of fossils, archeologists, treasures, and dinosaurs.
Final payment due date – May 13

Camp 2 – Born 3/1/10 thru Pre-K this year



_____ **The Mighty Jungle – June 14, 15, 16**
A "roaring" good time studying jungle animals and their habitats.
Final payment due date – June 2

Camp 3 – Born 3/1/10 thru Kindergarten this year



_____ **Up, Up and Away! – June 28, 29, 30**
Kites to hot air balloons to the space shuttle – We'll be flying high!
Final payment due date – June 14

Camp 4 – Born 3/1/10 thru Kindergarten this year



_____ **The Big Chill - July 26, 27, 28**
A fun filled winter experience – We'll make snow cones to eat and snow to play in!
Final payment due date – July 14



Family Night – June 1, June 15, June 29, July 27

LTUMC will host a "Family Night" on Wednesday evenings, during each camp. The family dinner starts at 5:15pm and programming is available for all ages from 6-7pm.

I understand the tuition for each session is \$100.00. A non refundable tuition payment of \$25.00 per camp is due at the time of registration. The balance of \$75.00 is due no later than the "Final Payment Due Date" listed above. LTUMC Preschool reserves the right to cancel any class based upon enrollment.

Parent Signature: _____ Date: _____

Important camp information on back – please complete

Parent information:

Parent's Names: _____ Home Phone #: _____
Address: _____ Mom's cell: _____
_____ Dad's cell: _____
Family's Email Address: _____

Alternate pick up contacts:

Name: _____ Phone: _____
Name: _____ Phone: _____

Child's Physician: _____ Phone: _____
Preferred Hospital: _____
Previous Hospitalization: _____
Allergies: _____ Routine Medications: _____
Chronic Illnesses: _____
Emergency Contact: _____ Phone: _____

I hereby authorize LTUMC Can Do Camp Staff to seek medical treatment for my child in the event I cannot be reached. Camp hours: 9am to 1:00pm.

Office Information:

Check No. _____ Amount \$ _____ (Deposit) Check No. _____ Amount \$ _____
