

2022 LANK Cub Camp Application

Name of Child _____ Name Called _____

Birthdate _____ Tel. _____

Address _____ City _____ Zip _____

Name of Parents _____

Primary Email Address _____

Business Phone: Mother _____ Father _____

Cell Phone: Mother _____ Father _____

Child's Previous School Experience/Current LANK Class _____

Allergies _____

Name of Doctor _____ Phone _____

Names of persons to be contacted in an emergency if parents cannot be reached:

1. _____ 2. _____

T-shirt Size: 3T 4T 5T

Do you give permission to have your child photographed during camp for LANK social media/website? Yes No

Camp Selection(s): Please enclose a 50% non-refundable deposit. The remaining amount is due by April 6th.

June 6-10: Bugs, Butterflies & Mudpies \$250.00

June 13-24: Creative Cubs Art Camp \$500.00

June 27-July 1: Dino-Rock \$250.00

Emergency Form

Lake Anne Nursery Kindergarten has permission, when I cannot be reached, to take my child to the emergency room of a hospital. The hospital and its medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. In the event that I cannot be reached in an emergency, I understand that the judgment of the LANK staff will determine what actions, if any, should be taken to help my child.

On occasion, my child may be taken off LANK grounds, in order to participate in walks and fire drills. I understand that all safety precautions will be taken and hereby give my permission. I will not hold the school liable in case of accident.

Signature of Parent

Date