

2024 LANK Cub Camp Application

Child's Full Name _____ Preferred Name _____ **DOB** _____

Address _____ City, State _____ Zip _____

Parent #1 Information

Name _____

Address _____

Phone Number _____

Email Address _____

Employer _____

Work Number _____

Parent #2 Information

Name _____

Address _____

Phone Number _____

Email Address _____

Employer _____

Work Number _____

Additional Child Information

Child's Preschool Experience _____

Name of Doctor _____ Phone _____

My child is allergic to the following (please be specific) _____

Emergency Contacts

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Photography Do you give permission to have your child photographed during camp for:

Brightwheel? ___ Yes ___ No

LANK's Social Media/Website? ___ Yes ___ No

Cub Camp Selection(s):

June 3-7: Dino Camp \$250.00

June 10-14: LANK Airways \$250.00

June 17-28: Splat, Squish, Splash: Art Camp! \$500.00

Please note there will be no camp on Wednesday, June 19th due to the federal holiday

Fees

Please include a 50% non-refundable deposit. The remaining amount is due by April 5th.

Check payable to LANK invoice my account on file

T-Shirt Size

Select camper's t-shirt size: 3T 4T 5/6 7

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 have my authorization to provide treatment which a physician deems necessary for the well-being of my child. If 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, 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 an accident.

Signature of Parent

Date