

Christ Memorial Lutheran
Early Childhood Learning Center
281-497-2055

Registration Form

6 Camp HULLABALOO* 9 Summer Camp – 2011
9:00a.m.-2:00p.m. Mon.-Fri.

Child's Full Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ Zip: _____ Phone No.: _____

Email Address: _____

Father's Name: _____ Daytime Phone No.: _____

Mother's Name: _____ Daytime Phone No.: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Child's Physician: _____ Phone No.: _____

Emergency Contact: _____ Phone No.: _____

Allergies: _____

Names and telephone numbers of individuals who will be responsible for picking up my child:

Name: _____ Phone No.: _____ Relationship: _____

Name: _____ Phone No.: _____ Relationship: _____

Any special information you wish to share with the school office and/or teacher:

Please check which session(s) your child will attend. \$25 Registration Fee per child. \$150/week per child.

____ Week 1: June 6-10 ____ Week 2: June 13-17 ____ Week 3: July 18-22

____ Week 4: July 25-29 ____ Week 5: August 1-5

PLEASE NOTE: Children will be divided into 3 age groups.....18-23 months, 2-3 years and 4 years-Kindergarten

My child (is/is not) currently attending CMLECLC. If not, I will provide the following:

- 1) Current immunization records (listing allergies and other important information)
- 2) Emergency information

Parent Signature _____ Date: _____

Registration fee is due upon enrollment. Tuition fee is payable in advance and due no later than May 18, 2011. All fees are nonrefundable. Please make checks payable to CMLECLC.