

Return to:

LEWIS CENTER SUMMER DAY CAMP

17500 Mana Road, Apple Valley, CA 92307

ATTN: Kay Ardenski

(760) 946-5414, ext. 276 Email: kardenski@lcer.org



Lewis Center
for
Educational Research

2008 REGISTRATION FORM

June 16-20 & June 23-27, 2008

Please Print Neatly

Camper's Name _____ **Age:** _____
(Last) (First)

Gender: ___M ___F Date of Birth ___/___/___

Address _____

Grade entering in Aug. 2008 _____

T-Shirt Size: Youth S(6-8)___ M(10-12)___ L(14-16)___ Adult S___ M___ L___

Parent/Guardian Information

1. Parent/Guardian Name: _____ Relationship: _____
Phone: (H) _____ (W) _____ (Cell) _____
Email: _____

2. Parent/Guardian Name: _____ Relationship: _____
Phone: (H) _____ (W) _____ (Cell) _____
Email: _____

Emergency Contacts (Please provide 2 contacts other than parent/guardian)

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

Camper Release Authorization (Please provide the names & phone numbers of individuals *other than parents/guardians* who are authorized to pick up your child from camp.)

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

Payment

Here is my **NON-REFUNDABLE** deposit of \$50.00 to hold a space for the above-listed camper. I understand that the total fee for the Summer Day Camp (**\$250.00**) is due **no later than May 1, 2008**. I also understand that reservations are on a first-come, first-served basis and if the maximum number of reservations have been made before mine was turned in, I will be refunded my \$50.00 deposit. All deposits and payments should be turned into the Elementary Campus Office and will be dated and time stamped.

Parent/Guardian Signature: _____