



Camp Lamplighter 2010

Early Childhood Registration Form
Registration Deadline is May 1, 2010
(One form per child)

Camper's Name _____ Girl or Boy

Date of Birth _____ 2010 - 2011 Grade Level _____

Current School _____

Email Address _____

Mailing Address _____

Parents/Guardian _____

Home Phone _____ Cell Phone _____

Pre-Kindergarten – Kindergarten only:

(check all sessions that apply)

Session 1 (June 7-18) Theme: **Art**

Session 2 (June 21-July 2) Theme: **Construction**

- The enclosed Emergency Contact Information form must accompany the registration form and payment
- Camp fee is \$400.00 per two-week session
- For new Lamplighter students, one session of camp is included in your New Student Fee

Remit check or cash to: The Lamplighter School
C/O Business Office (Camp Lamplighter)
11611 Inwood Rd
Dallas, TX 75229

Questions may be directed to: Cheryl Arneson, Summer Camp Director
carneson@thelamplighterschool.org
(214) 369-9201 Ext. 409



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Emergency Contact Information (one per child)

Child's Name _____

Parent/Guardian _____

Day phone _____ Cell phone _____

Emergency Contacts:

1st Choice: _____ Relationship to child _____

Phone number _____

2nd Choice: _____ Relationship to child _____

Phone number _____

Child's Primary Physician _____

Phone number _____

Allergies / Special Needs: _____

Release and Consent

_____ is my child and is now under my control and custody. I authorize The Lamplighter School and its representatives to consent to medical treatment of my child in case of an illness or injury in connection with a school activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such physicians, medical personnel, hospitals, and/or clinics as may be selected by The Lamplighter School or its representatives. I understand the risks of such emergency treatment, and I hereby release and hold not liable The Lamplighter School, its trustees, agents, and/or employees from all liability which may arise from such treatment.

Parent/Guardian Signature _____ Date _____

*This signed release form is required to be returned with the child's registration in order to attend any camp session.