



Camp Registration Form

- Registration Deposit fee of \$100 (non-refundable) for each week
- Cheques Payable to Little Scholars Academy or pre authorized credit card

Child's Name: _____ Date of Birth : _____

Dates of Camp _____

Total Weeks _____ Full Day

Full Address: _____

Home Phone Number: _____ Work/Cell: _____

Parents' Names: _____

Contact Email Address: _____

Allergies/Medical Concerns: None Yes Please List: _____

Signs & Symptoms: _____

Emergency Contact Information:

1. Name: _____ Phone #: _____

Doctor: _____ Phone #: _____

Payment Information:

Visa/ Mastercard #: _____ Exp: _____ CVC: _____

I authorize Little Scholars Academy to charge my credit card for the amount of \$ _____ for my camp deposit. _____ (initial)

I authorize Little Scholars Academy to charge my credit card on the following date(s) for the amount of \$ _____ on _____ \$ _____ on _____
_____ (initial) _____ (initial)

Parent Signature: _____ Date: _____