

Lake Lure Classical Academy  
Free Kindergarten Camp Registration Form  
Date: Aug. 1-3, 2017 Time: 9:00am-12 Noon

Student Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Child must be 5 on or before August 31, 2017 to attend kindergarten.

Parent/Guardian Contacts:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Custody Issues: \_\_\_\_ Yes \_\_\_\_ No

\*If custody issues, we need need legal documents and pictures.

Medical Information:

Allergies: \_\_\_\_\_

Other Medical Alerts: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Currently enrolled at Lake Lure Classical Academy

\_\_\_\_\_ Would like more information on Lake Lure Classical Academy

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Snacks will be provided!\*\*\*\*