Lake Lure Classical Academy
Free Kindergarten Camp Registration Form
Date: July 31, 2018- Aug. 2, 2018 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, 2018 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!****