



2019 Spanish Immersion Summer Camp Application Form

June 3-7, 9am-3pm _____

June 10-14, 9am-3pm _____

June 17-21, 9am-3pm _____

- Please complete one application form per child.
- Please complete the Medical Treatment Release at the bottom of this page.

Spanish Immersion Summer Camp

Regular Camp Cost.....	\$180
Multiple Camper Discount.....	\$15
Early Registration Discount..... <small>(if registration completed before June 1)</small>	\$15
Total.....	\$ _____
Payment Included.....	\$ _____
<small>A \$15 nonrefundable deposit is required with application for each week of camp selected.</small>	

Please return applications and deposits to:
Spanish Immersion Camp
 2176 Lincoln Highway East
 Lancaster, PA 17602

Camper's Name: _____ Age: _____ Grade Entering this fall: _____

Name of Parent(s)/ Guardian(s): _____

Home Address: _____
Street Address City/Town Zip

Telephone Number: _____ E-mail address: _____

Enrollment is limited. Applications will be accepted on a first-come, first-served basis. A nonrefundable \$15 deposit must be included with each application in order to reserve a place in the camp. The balance is due the 1st day. Checks should be made payable to **LMS Summer Camps**.

Please return applications and deposits to Spanish Immersion Camp **2176 Lincoln Highway East Lancaster, PA 17602**

Permission Form

I hereby give permission for _____ (camper's name) to receive emergency treatment at a local medical center or at any hospital or doctor the school deems appropriate.

Parent/Guardian signature: _____

Medical insurance company: _____ Policy Number: _____

Please give the name and phone number of an emergency contact in case parent(s)/guardian(s) cannot be reached. Lancaster Mennonite School, the camp director and the instructors do not carry insurance for injuries or health-related claims. The parent(s)/guardian(s) are responsible to carry insurance for each child they enroll.

Emergency contact name: _____ Emergency contact telephone number: _____

I hereby give permission for my child to be included in photographs used for summer camp publicity: yes no

For office use only

Deposit fee paid: _____	Balance due at registration: _____
Medical treatment release form signed: <input type="checkbox"/> yes <input type="checkbox"/> no	Early application discount: <input type="checkbox"/> yes <input type="checkbox"/> no