



Summer Camp Application

First Child _____ Age _____
(Last) (First) (Middle) (Years)

Home Address _____ Phone (Home) _____
(Street) (City)

Phone (Work) _____ Cell Phone _____ Pass code _____

Email address _____

Second Child _____ Age _____
(Last) (First) (Middle) (Years)

I hereby give permission to Lycée Franco-Américain Camp and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practice Act, in my absence should an injury occur. I understand that due to insurance regulations, paramedics or ambulance must transport injured or ill children to a hospital, when necessary. School van or school personnel cannot transport them. It is also my intent to grant authority to administer and perform any and all examinations, X-ray examinations, treatments, anesthetics, and diagnostic procedures that may in the course of my child's care be deemed advisable and necessary. I also understand and agree that I will be responsible to pay for any and all charges incurred as a result of my child's treatment at the treating hospital and/or expense for transportation to a hospital.

I have read and understand the above Lycée Franco-Américain Camp Policy

Signature _____

Date _____

List all Allergies 1. _____ 2. _____ 3. _____ 4. _____

List all Medical conditions: 1. _____ 2. _____ 3. _____

Please list below all people (Including Parents) allowed to pick up your child. These will be the only people to whom the school will release the child.

1. Name _____ Relationship to Child _____

2. Name _____ Relationship to Child _____

3. Name _____ Relationship to Child _____

4. Name _____ Relationship to Child _____

Session	Dates	Hours	Price F/T - P/T	
Session I (2 weeks)	June 12 - June 23	9:00 A.M. - 5:00 P.M.	\$400	\$330-\$290
Session II (2 weeks)	June 26 - July 7	9:00 A.M. - 5:00 P.M.	\$400	\$330-\$290
Session III (2 weeks)	July 10 - July 21	9:00 A.M. - 5:00 P.M.	\$400	\$330-\$290
Session IV (2 weeks)	July 24 - August 4	9:00 A.M. - 5:00 P.M.	\$400	\$330-\$290

Enclosed is a check of \$ _____
(# of sessions X \$400 + \$50 registration fee). Full payment is due upon registration.

Mail to: Lycée Franco Américain, 8900 Stirling Road, Cooper City, Fl 33024

You are responsible to pay for the session(s) that you have chosen. There will be no reimbursement or adjustment even if your child misses days!

