Each summer, the University Laboratory School offers elementary summer camp experiences for all students registered to attend the Lab School the upcoming fall. Designed to support students through the grade level transition, the two-week program provides opportunities for students to participate in a variety of whole-class, small group, and independent activities that are grade-level appropriate, fun, and engaging while becoming familiar with new routines, procedures, and expectations.

To secure a spot for your child, complete and return the Lab School Summer Camp Registration Form 2018 to your child’s current teacher. Include a check or money order for $295 made payable to LSU Laboratory School. In the memo line of the check or money order, please write “Rising ??? grade summer camp 2018”.

Please be aware enrollment is limited and rosters are filled in the order complete registration forms are submitted and payments are successfully processed. The summer camp teacher will email you to confirm receipt of your payment/registration, confirm enrollment, and answer any questions you may have. **

Dates: June 11-14; June 18-21 (Monday – Thursday, no class on Friday)
Times: 8:00a.m. - 12:00 noon (k-5 Drop-off and pick-up in the Cub Stop carpool area)
Cost: $295 (no refunds)

We hope to see your children this summer!

Sincerely,

Myra D. Broussard
Elementary Principal
LSU Laboratory School
Louisiana State University
Lab School Summer Camp Registration Form 2018

Student’s name: ____________________  Student’s current teacher/grade: ________/_____

Please list three emergency contacts:
Parent’s/Guardian’s name: ____________________  email: ____________________  phone #: ____________________
Second parent’s/Guardian’s name: ____________  email: ____________________  phone #: ____________________
Other emergency contact name: ________________  relationship to student: ________________  phone #: _______

Student’s medical needs or allergies: ____________________________________________________________
Student’s doctor: ______________________________  Doctor’s phone number: ______________________
Preferred hospital in an emergency: ____________________________________________________________

**I understand a copy of my child’s medical insurance card must be included with this registration.**

Parent or Guardian Release of Liability
I give my permission for school personnel to publish or post pictures of my child taken during camp activities on the school’s social media and website pages. I read, understand and accept the camp fees and no refund policy. Additionally, I have no knowledge of any impairment that would affect my child’s participation in camp activities or interfere with another camper’s participation.

I understand that while teachers always provide proper supervision during camp hours, as in any situation, accidents may occur. I assume the risk and release and hold harmless the Louisiana State University Laboratory School and specifically those conducting the camp, from any and all liability for personal injury, illness, or property damage incurred from participation in the camp. I hereby grant permission for my child to attend this camp and be treated by a member of its staff in the event of an injury, illness, or other mishap. I have also provided a copy of my child’s insurance card and give permission for my child to receive medical attention deemed necessary by emergency service providers in the event that I cannot be reached.

Parent/Guardian Printed Name: ____________________________________________  Date ________________

Parent/Guardian Signature: ________________________________________________

Office Use Only:
Complete registration and forms submitted on: ________________  (date) ________________  (time)
Successful process/receipt of payment on: _______________________  (date) ________________  (time)

**Please return the completed Summer Camp Registration Form, related documents, and payment to your child’s current teacher in a sealed envelope. An Elementary Office worker will pick up envelopes daily from each classroom and deliver to the appropriate summer camp teachers. Please label the sealed envelope with your child’s name, his/her current teacher, and “Rising ??? grade summer camp 2018”.”