

LE LYCÉE SUMMER CAMP

New! Summer Camp on our Pacific Palisades campus just for the little ones!

2 WEEKS ONLY: JUNE 17 - JUNE 28, 2019

All program fees & payments are non-refundable.

PACPALI SUMMER CAMP REGISTRRTION FORM

One (1) form for each child

- ◆ No Registration Fee!
- ◆ Full Day (8:30 a.m. – 4:00 p.m.)
- ◆ FREE Extended Care (4:00 p.m. – 4:45 p.m.) Snacks included!
- ◆ Qualified students from other schools are welcome. Include your child's latest School Evaluation Report with this Registration Form.
- ◆ Ages: 3 (fully potty trained) - 6 / Preschool, K1, K2, and 1st grades only
- ◆ Camp will be held on the Pacific Palisades Campus:
16720 Marquez Ave, Pacific Palisades, CA 90272
- ◆ Use a new form to register any additional campers.
- ◆ Price for the 2-week camp: \$850

Student's Name: Last _____ First _____

Date of Birth: _____ Grade completed in 2018-19: _____

Name of school attended in 2018-19: _____

PRINT Name of Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email Address: _____

Signature of Parent/Guardian: _____ Date: _____

Questions? Call or email Head of Campus Mme Leloup
Leloup@LyceeLA.org Tel: 310-836-3464 #302

HEALTH INFORMATION

PLEASE PRINT CLEARLY. To enable proper care of your child, please fill in the following completely and accurately:

Allergies (Food or Animal or Medicinal): _____

Heart Trouble: _____

Asthma: _____

Diabetes: _____

Epilepsy/Convulsions: _____

Plant Allergies or previous Plant Poisonings: _____

Severe reactions to Insect Stings: _____

Recent Operations or Serious Injuries: _____

Other: _____

PARENTS' CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the undersigned parents/guardians of _____, do hereby authorize the adult leaders or agents of Le Lycée Français de Los Angeles to act as agents for the undersigned to consent to any medical or surgical diagnosis or treatment or hospital care deemed advisable or administered by a duly licensed physician, in the event such help of an emergency nature becomes necessary. This authorization is given pursuant to the provision of Sec. 25.8 of the Civil Code of California and in no event will Le Lycée Français de Los Angeles, its officers, leaders, or agents be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

SIGNATURES OF PARENT(S) OR LEGAL GUARDIAN(S):

1. _____ Date: _____

Print Name of *Signing* Parent/Guardian _____

2. _____ Date: _____

Print Name of *Signing* Parent/Guardian _____

Register with cash, credit card, or check.
Mail Registration Form and payment
(\$850.00) to our Administrative
Offices on the Main Campus:

Le Lycée Français de Los Angeles
Attn: PACPALI SUMMER CAMP
3261 Overland Ave
Los Angeles, CA 90034-3589