



LHS Little Sprouts Happy Holidays Winter Break Camp



Come join the fun with Mrs. Julie and Mrs. Gretchen as their campers will sing, dance and play with holiday themed centers!

Great FUN for all ages!

Registration Deadline:

- Please return registration by Monday, December 4th, class is filled in the order registrations received.
- Limit 16 campers, must be potty trained to attend camp.

Little Sprouts Happy Holidays Camp Details:

- December 13th, 14th and 15th ; 9:00 am to 1:45 pm ; Extended day available from 1:45-6:00 pm at an additional charge
- \$150 camp fee with a \$15 supply fee, non-refundable. Once registration is received, a confirmation email will be sent with the link to pay for the camp. Spot is not secure unless payment has been received. No refunds for missed classes.
- **What to bring:** Water bottle, a snack and a lunch. The camp teacher will reach out to parents regarding allergies.

**“LHS Little Sprouts Happy Holidays” Winter Break Camp
Registration Form
December 13th – 15th, 2023**

Child’s Name: _____ Age: _____ years _____ months

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

List any allergies or intolerance to medicine or food:	Extended Day: (must pre-register, we will not allow drop ins due to limited staff) <input type="checkbox"/> Yes, my child will need to use the extended day program <input type="checkbox"/> Before care Days: _____ Estimated drop off time: _____ <input type="checkbox"/> After care Days: _____ Estimated pick up time: _____
Medical/Respiratory Ailments:	
Current medications including inhalers:	
Restriction/limitation on activities/Special Instruction:	

Emergency Treatment Authorization

I, _____, hereby grant to Linton Hall School’s Little Sprouts Preschool, its teachers or other appropriate employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parents/Guardian’s Signature: _____ Date: _____

