

## **Summer Camp Application**

Camper Information:		
Name:	Nickname:	
DOB:	Grade your child will be in next school year:	
*Contact Person during Camp	Hours:	
Do you need pre-camp care?	Every day? If no, indicate days:	
Parent/Legal Guardian Name(	(s):	
Address:		
Email:		
Home Phone:	Work Phone:	
Cell Phone(s):		
Summer camp will be held at L higher. Hours are 8:30 a.m-3 p.r	<b>Lionheart Academy</b> . The camp is for children currently in 4 <sup>th</sup> gradem, and the cost is \$295 per week. Campers will travel to daily field -care will be available from 7:30-8:30 for \$8/day. There will be no	e or
payable to Lionheart Academy.)	POSIT for each week is due with application. (Make checks Please select the week(s) your camper will attend. Deposits for ed into one check. The balance of \$145/week is due on Monday of June 21-25 July 12-16 July 19-23	
Number of weeks selected	x \$150 deposit per week = \$	

Total Non-Refundable Deposit Included with application (checks payable to Lionheart Academy).

## **Camper Medical Information:** Medical conditions/diagnosis (please include special diets, allergies, etc): Medications: Will medications need to be administered during the camp day? If so, explain: **Camper Personal Information:** Strengths (social/communication): Areas to Work On (social/communication): Behavioral Strengths: Behavioral Areas to Work On:

Tell us about your camper—their unique personality, interests, needs, what bothers him/her; what motivates him/her:
Any suggestions you want to give to us or things you want to us to know that you have not covered:
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Thank you for allowing Lionheart Summer Camp to serve your child!

Return application to Lionheart Academy via your student, or mail to:

Lionheart Academy of the Triad -Summer Camp 2802 St. Leo's St.

Greensboro, NC 27405