

The Little School
Faith Lutheran Brethren Church
P.O. Box 710
480 Pleasantville Road
Briarcliff Manor, New York 10510



April 1, 2018

Dear Parents,

Once again, we are excited to offer parents of all our Little Schoolers a short summer camp program the weeks of June 11th and June 18th. We will have camp 5 mornings each week from 9am to noon. Registration will be open to children returning to The Little School into the 3's or 4's program, children entering The Little School into the 3's and 4's program for the first time and also our children who are graduating. If you are interested please fill out the attached registration form. You may sign your child up for either week one or week two or both weeks. So that we may plan appropriately, **please return the registration form to me as soon as possible but no later than April 30th.**

Payment for camp will be due by May 31st

Week 1 _____ June 11th-June 15th \$190.00

Week 2 _____ June 18th-June 22nd \$190.00

Sincerely,

Heidi Roth

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914 769-4255



Mini Camp Registration Form 2018

Please indicate:

Camp _____ **1st week of 6/11-6/15** _____ **2nd week of 6/11-6/22**

Price per week \$190.00

Child's Name _____ **Male** _____ **Female** _____ **Date of Birth** _____

Mother's Name _____ **Father's Name** _____

Street Address _____ **Town** _____ **Zip** _____

Phone # _____

Email Address: _____

Cell#/ Work # Mom: _____ **Cell#/ Work # Dad:** _____

Caregiver/Nanny phone#'s _____

Emergency Contacts (if you or your caregiver are not available):
(Name and #)

1. _____ 2. _____

Food Allergies or other Allergies/Medical
Concerns: _____

If you are new to The Little School and your child is receiving any services such as
speech or OT/PT, please explain:

Is there anything else you would like us to know? _____

Parent Signature _____ **Date** _____



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In the event of an emergency and I cannot be reached, I give The Little School permission to seek emergency medical treatment for my child.

Child's Name: _____
Please print

Parent's Name: _____
Please print

Signature: _____

Date: _____

Home Phone: _____

Mother's cell phone _____ Father's cell phone _____

Caregiver's Names and numbers:

