

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



March 1, 2021

Dear Parents,

We are super excited to offer our Little Schoolers a short summer camp program the weeks of **June 14 and June 21. We will have camp 5 mornings each week from 9am to noon.** Registration is 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 Friday, April 30 .**

Payment for camp will be due by Friday, May 27.

Week 1 _____ June 14 -June 18 \$200

Week 2 _____ June 21 -June 25 \$200

Sincerely,

Heidi Roth

**THE LITTLE SCHOOL
Faith Lutheran Brethren Church**

P.O. Box 710
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Briarcliff Manor, NY 10510
914 769-4255



Mini Camp Registration Form 2021

Please indicate which week(s) you are registering for.

Camp _____ 1st week of 6/14-6/18 _____ 2nd week of 6/21-6/25

Price per week \$200

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

Mother's Name _____ Father's Name _____

Street Address _____ Town _____ Zip _____

Phone # _____

Email Address: _____

Mom Cell# _____ Dad Cell # _____

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:

If your child has not been a student at The Little School this year but was enrolled in a program
please let us know where. _____

Do you have anything you would like us to know about your child? _____

_____ ☺

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:

