

Little Lambs Learning Center

12005 County Road 59
Pearland, Texas 77584
713-436-0044

Please check which Camps your
child would like to attend

Camp 1 June 10 – 13 _____
Camp 2 June 17 – 20 _____
Camp 3 July 8 – 11 _____

Summer Camp Registration 2019

Please complete entire form, do not leave blanks. Print Clearly!

Child's Full Name Last: _____ First: _____ Middle: _____

Date of Birth _____ **Child's Age on June 1, 2019:** _____ **Gender:** M / F

Please Circle Grade entering 2019: 2 years Pre3 - Pre4 - K - 1st - 2nd

Child's Home Address _____

City, State, Zip _____

Child's Home Phone Number _____

Mother's Full Name _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Home Address _____

City, State, Zip _____

Email Address _____

Father's Full Name _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Home Address _____

City, State, Zip _____

Email Address _____

I hereby (Do/Do Not) grant permission for Little Lambs Learning Center to display photographs of my child on the school website, Facebook, in the school building, by video and/or by any other method of communication. Please note: Your child's name will NOT be included with the photo on the website, Facebook and or outside of the classroom.

Initials _____

Emergency Contact and Authorization to pick up:

Full Legal Name as on their ID is required.

REL-Relationship to child

Name: _____ REL _____ Phone _____

Name: _____ REL _____ Phone _____

Name: _____ REL _____ Phone _____

Name: _____ REL _____ Phone _____

Name: _____ REL _____ Phone _____

Office Use Only

Date _____

Fee Paid _____

Check# _____ Cash _____

Parent or Legal Guardian Signature _____

Date _____

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Authorization for Emergency Medical Care Summer Camps 2019

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take: Child's Name _____ Date of Birth _____
to:

Name of Physician _____ Emergency Care Facility _____

Address _____ Address _____

Phone _____ Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ Date _____

Additional Information

List any special problems that your child may have, such as allergies, existing illness that would require special care.

Does your child require an Epi pen: Yes ___ No ___

Signature of Parent _____ Date _____

I hereby release Little Lambs Learning Center/Shepherd of the Heart Methodist Church, in addition to the staff of LLLC and SOTH, from any and all injuries, other than those which are a result of gross negligence on the part of the Staff of Little Lambs Learning Center and/ or Shepherd of the Heart Methodist Church.

Signature _____ Date _____