

Liddle Tots II Teen, LTD

Summer Camp • After School Program • Pre-School

1160 Post Road • Warwick, Rhode Island 02888 • (401) 781-1870

SUMMER CAMP

PAID REG: # _____
SEC. DEP.: # _____
CHECK #: _____
GROUP: _____

Child's Name: _____

Parent's Name: _____

Address: _____

Phone #: Home: _____ Work: _____ Cell: _____

Child's D.O.B.: _____ Age: _____

Driver's License #: _____ E-mail: _____

PLEASE CHECK OFF THE FOLLOWING WEEKS YOUR CHILD WILL ATTEND SUMMER CAMP

June	July	August
27-July 1 _____	4-8 _____	1-5 _____
	11-15 _____	8-12 _____
	18-22 _____	15-19 _____
	25-29 _____	22-26 _____
		29-31 _____

PLEASE CHECK OFF THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND SUMMER CAMP:

MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

****All children need a current updated immunization record, the parent handbook completely filled out and all applicable payments submitted by their start date.

Complete this section below if DHS childcare assistance applies:
No child can start without a valid certificate number.

Certificate #: _____

****I understand that my security deposit will be used for my last week of childcare and that I will be paying my child's tuition by Friday of the week that we are in.

Parent's Signature: _____