Le Sueur Nursery School

2016	Summer	Camp	Registration	Form
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Child's Nan	ne (First) (Last)	Date of B	lirth	
Nickname (if you want us to	use it)		
Home				
Child's Daycare	Address	Street	City	Zip code
	Name	Address	Phone	Cellphone
Home Phon	e	Email Address		
Parent/Gu	ardian's Name	Address (if diffe	erent than child)	Cellphone
Place of Er	mployment			Work phone
Parent/Gu	ardian's Name	Address (if diffe	erent than child)	Cellphone
Place of Er	mployment			Work Phone
With whom	n does the child re	side?		
How can w	e best contact you	ı regarding your chil	ld's registration?	
Ema	il Mail	Phone: Cell, Hom	ne or Work	
Choose: Choose:	June 13 th - June Weekly Rate (N	e 16 th Pre K 4's/5's N-TH) \$45.00	OR Daily R	7 th -30 th 3's/4's Rate: \$12.00 per day Te days: MTWTH
	<i>OTE:</i> Weekly Rat			n, \$20.00 due by June 1 st . Daily

Please return completed form with payment to: Le Sueur Nursery School, PO Box 12, Le Sueur, MN 56058