



**2025 SUMMER CAMP  
ENROLLMENT PACKET**

**Return completed application along with required paperwork to the office for notarization and payment options.**

	Date / /
CHILD'S NAME:	
Non-refundable Registration Fee of \$50 first child/\$25 for each additional child <i>(due at time of registration)</i>	
A copy of your child's birth certificate	
A copy of your driver's license	
Registration Form (attached)	
Release of Child Form (attached)	
Release of Medical Information Form (attached) <i>Notary services are available in the main office. Please bring a copy of your driver's license with you for identification.</i>	
Release of Limited Personal Information Form (attached)	
Summer Camp Waiver Form	

Please Note: If your child attended preschool at Lakeside during 2024-2025 school year, a copy of your child's birth certificate is on file. However, current health forms are required.

Thank you!  
We appreciate the time you spent completing your packet!

For questions or additional information, please contact us at 407-330-6560 or email  
Renee Carbia at [rcarbia@lakesideumc.net](mailto:rcarbia@lakesideumc.net) or Kim Richardson at  
[krichardson@lakesideumc.net](mailto:krichardson@lakesideumc.net)

**Summer Camp registration fees are non-refundable.** Preschool families may use their card on file or ACH automatic bank withdrawal for weekly camp payments. A 3% service fee will be assessed for Debit or Credit Card. Alternative method: check or cash.

**TUITION RATES AND FEES**

Registration Fees are \$50 for the first child and \$25 for each additional child. Registration Fees are a one-time fee and cover the entirety of camp.

Tuition is paid weekly. The deadline for payment for each week’s attendance is Wednesday of the week before your child(ren) will be attending. If any cancellations need to be made, notification must also be made to the preschool by the Wednesday before your child(ren) were planning to attend. No exceptions will be made. All materials are purchased prior to your child(ren) attending in order to be prepared.

PROGRAM	DAYS	TIME	WEEKLY TUITION
2 YR OLD <b>(MUST BE 2 BY 5/25)</b>	T/TH	9-12	\$100
2 YR OLD <b>(MUST BE 2 BY 5/25)</b>	M/W/F	9-12	\$120
2 YR OLD <b>(MUST BE 2 BY 5/25)</b>	M-F	9-12	\$200
RISING 3 YR OLD <b>(must be potty-trained)</b>	T/ TH	9-12	\$100
RISING 3 YR OLD <b>(must be potty-trained)</b>	M/W/F	9-12	\$140
RISING 3 YR OLD <b>( must be potty-trained)</b>	M-F	9-12	\$200
RISING VPK	T/TH	9-12	\$100
RISING VPK	M/W/F	9-12	\$140
RISING VPK	M-F	9-12	\$200
5-8 YR OLD	T/TH	9-12	\$100
5-8 YR OLD	M/W/F	9-12	\$140
5-8 YR OLD	M-F	9-12	\$200
PAYMENT DUE			

## SUMMER CAMP REGISTRATION 2025

### Lakeside Fellowship Preschool

Welcoming, Growing & Serving through Christ's love for the renewal of our community.

#### CHILD INFORMATION

Child's Name	Child's Preferred Name
Date of Birth	Male                  Female
<i>Allergies (Please circle any that apply)</i>	<i>Medical Conditions</i>
Medication    Food    Insect    Environmental	
Describe: _____	Describe: _____

#### PARENT/GUARDIAN & FAMILY INFORMATION

Mother/Guardian Name	Father/Guardian Name
Address & Subdivision	Address (If Different) & Subdivision
City                  State                  Zip	City                  State                  Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Occupation/Employer	Occupation/Employer
Email	Email
Mother/Guardian Driver's License #	Father/Guardian Driver's License #

#### ANY OTHER FAMILY INFORMATION:

## SUMMER CAMP REGISTRATION 2025

### Lakeside Fellowship Preschool

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PROGRAM SELECTION				
PROGRAM	DAYS	TIME	CHECK DAYS ATTENDING <input checked="" type="checkbox"/>	PARENT INITIAL
Week 1 June 2-6  <b>Space and Science</b>	M-F	9:00-12:00	__Monday-Friday  __M, W, F  __T, Th	
June 9-13  <b>Vacation Bible School</b>  <b>NO CAMP</b>	M-F	9:00-12:00	Ages for VBS:  Must be attending  Kindergarten for the  2024-2025 School Year  through 5 <sup>th</sup> Grade	Register  Online at  Lakesideumc.net  Beginning  March 30 <sup>th</sup>
Week 2 June 16-20  <b>Camping &amp; Glamping</b>	M-F	9:00-12:00	__Monday-Friday  __M, W, F  __T, Th	
Week 3 June 23-27 <sup>th</sup>  <b>Arts &amp; Crafts</b>	M-F	9:00-12:00	__Monday-Friday  __M, W, F  __T, Th	
Week 4 July 7-11 <sup>th</sup>  <b>Animal Friends</b>	M-F	9:00-12:00	__Monday-Friday  __M, W, F  __T, Th	
Week 5 July 14-18 <sup>th</sup> <b>Ocean/Water week</b>  <b>VPK refresher</b> (For Lakeside VPK graduates 2025)	M-F	9:00-12:00	__Monday-Friday  __M, W, F  __ T/ Th	

## SUMMER CAMP REGISTRATION 2025

### Lakeside Fellowship Preschool

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### RELEASE OF CHILD FORM SUMMER CAMP 2025

I, \_\_\_\_\_ authorize that my child, \_\_\_\_\_, be released by Lakeside Fellowship Preschool and to the following persons, in addition to those listed on the registration form.

<b>Name (EMERGENCY CONTACT)</b>	Relationship to Child
Address	City <span style="float: right;">Zip</span>
Home Phone	Cell Phone
Work Phone	Best Number <i>(please circle one)</i> Home      Cell      Work

Name	Relationship to Child
Address	City <span style="float: right;">Zip</span>
Home Phone	Cell Phone
Work Phone	Best Number <i>(please circle one)</i> Home      Cell      Work

Name	Relationship to Child
Address	City <span style="float: right;">Zip</span>
Home Phone	Cell Phone
Work Phone	Best Number <i>(please circle one)</i> Home      Cell      Work

**SUMMER CAMP REGISTRATION 2025**  
**Lakeside Fellowship Preschool**

*Welcoming, Growing & Serving through Christ's love for the renewal of our community.*

**RELEASE OF MEDICAL INFORMATION FORM SUMMER CAMP 2025**

Child's Name \_\_\_\_\_

**EMERGENCY MEDICAL CARE**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Lakeside Fellowship UMC to arrange transportation for my child via emergency vehicle to an Emergency Room.

<b>Child's Physician's Name</b>	Phone
Address	City                      State                      Zip
Preferred Hospital	Special Medical Instructions
Allergies (Please circle all that apply) Medication    Food    Insect    Environmental	Describe Specific Allergic Reaction

<b>Medical Insurance Carrier Name</b>	Phone
Address (P.O.Box)	City                      State Zip
Group Number	Policy Number
Insured's Name	Insured's Social Security #

**PLEASE INCLUDE A COPY OF THE INSURANCE CARD WITH YOUR REGISTRATION**

*I give consent for any and all treatment deemed necessary by the attending physician.*

\_\_\_\_\_  
*Parent/Guardian Signature*

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**RELEASE OF LIMITED PERSONAL INFORMATION FORM CAMP 2025**

Child's Name \_\_\_\_\_

**PHOTO RELEASE**

Photos will be taken during camp for various reasons such as promoting the school through our church website ([www.lakesideumc.net](http://www.lakesideumc.net)) , through power point during Sunday services or on our Facebook page. In order to do this, we will need your permission to use your child's photo. Please check one of the following and sign below.

Permission Statement	Please Check
Yes, Lakeside Fellowship Preschool and Church may use my child's photo.	
No, Lakeside Fellowship Preschool and Church may NOT use my child's photo.	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL ADDRESS**

Your email will be used for communication between you the parents, and the teachers or the Director. You may also receive information about events here at Lakeside Fellowship United Methodist Church.

Permission Statement	Please Check
Yes, Lakeside Fellowship Preschool and Church may use my email.	
No, Lakeside Fellowship Preschool and Church may NOT use my email.	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUMMER CAMP REGISTRATION 2025**  
**Lakeside Fellowship Preschool**  
Welcoming, Growing & Serving through Christ's love for the renewal of our community.  
**SUMMER CAMP WAIVER 2025**

Child's Name \_\_\_\_\_

I, the undersigned, am the parent or guardian of above named child, a minor, and have given my consent for my child's participation in all activities of Lakeside Fellowship Summer Camp and the United Methodist Church and School as implemented by the staff of United Methodist Church of Lakeside, Sanford, Florida. I hereby consent to my child's participation in all activities of Lakeside Summer Camp excluding:

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I expressly agree to hold Lakeside Summer Camp and the United Methodist Church, their staff, agents, and employees, free and harmless from any claims, demands or suits for damages arising from my child's participation in the activities of Lakeside Fellowship UMC Summer Camp. I authorize the staff of LFUMCSC to seek emergency medical treatment for my children if I cannot be reached. I understand that I am responsible for all costs incurred for my child's medical treatment. I understand that photos of my child may be taken which may be used in future publicity or on the camp web site.

Please initial the boxes below that you have read and understand the information stated on our registration form.

- We are a nut free school so please no peanut butter/tree nut or processed in a factory that uses peanuts/tree nuts.
- You provide your child's snack daily.
- Supplies and materials are purchased in advance. If you plan a vacation or if your child is out sick, we will not be able to offer you a refund. **All schedule changes must be made the Wednesday before the week your child is attending.**
- Please send in a full change of clothes daily, including playground appropriate shoes.
- If my child has a fever, vomiting or diarrhea, I agree to keep them home until they are free of the illness for at least 24 hours without medication. There will be no refunds. Days can be made up **if there is availability.**
- This is not VBS-vacation bible school.
- Please apply sunscreen before dropping your child off. We are not permitted to apply sunscreen to our campers.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name