



PeeWee

SUMMER CAMP

Kids learn best when they are engaged and having fun. Our curriculum is based around motor-skill development, language expansion, and socialization through play.

HIGHLIGHTS

SWIMMING: Daily 30-minute group lessons with our certified instructors.

GROSS & FINE MOTOR DEVELOPMENT:

Activities involving sports, outdoor play, yoga, painting, crafts, and alphabet writing.

VOCABULARY EXPANSION:

PeeWees learn and practice communicating their emotions, needs, and describing the world around them with our weekly themes.

CREATIVITY & CURIOSITY:

Dramatic play, art, and science experiments allow PeeWees to explore the power of their imagination; planting the seeds for a life-long love of learning and discovery.

REGISTRATION

We recommend registering for 2-3 days per week. This helps children become accustomed to the program and drop off routine. A minimum of 48 hours pre-registration is required. Acceptance based upon availability.

TRIAL DAY

We offer one free trial day to all new PeeWees who would like to test the water and see if their little one is ready. Contact us to set up your free trial today!

DAYS AND TIME

Monday - Friday 9:00 am - 12:30 pm

	Member	Non-member
Daily	\$59	\$79
3 days	\$177	\$237
Full Week	\$295	\$395

For more information contact **PeeWee Department**

773.770.2421

PeeWee@LakeshoreSF.com

Lakeshore Sport & Fitness PeeWee Registration Form

Please print clearly. Email form to PeeWee@LakeshoreSF.com or drop off at front desk.

Children's Name _____ Birthday _____ Age _____
 Mother/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Work Phone _____ Mobile Phone _____ Email Address _____
 Father/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Work Phone _____ Mobile Phone _____ Email Address _____
 Emergency Contact Name _____ Phone _____
 Child's Membership Status: Member _____ Guest _____

Daily and Weekly Options (please check & circle):

<input type="radio"/> Week 1	<input type="radio"/> Week 2	<input type="radio"/> Week 3	<input type="radio"/> Week 4	<input type="radio"/> Week 5	<input type="radio"/> Week 6	<input type="radio"/> Week 7
Jun 5-9	Jun 12-16	Jun 19-23	Jun 26-Jun 30	July 3-7*	July 10-14	July 17-21
All M T W T F	All M T W T F	All M T W T F	All M T W T F	M W T F	All M T W T F	All M T W T F

Session Dates	
Summer I:	Jun 5 - Sep 1
Fall I:	Sep 5 - Oct 27
Winter II:	Oct 30 - Dec 22

<input type="radio"/> Week 8	<input type="radio"/> Week 9	<input type="radio"/> Week 10	<input type="radio"/> Week 11	<input type="radio"/> Week 12	<input type="radio"/> Week 13
July 24- July 28	July 31-Aug 4	Aug 7-11	Aug 14-18	Aug 21-25	Aug 28- Sept 1
All M T W T F	All M T W T F	All M T W T F	All M T W T F	All M T W T F	All M T W T F

10% Sibling Discount

If you have another children enrolled in an LSF summer camp you may be eligible for a 10% Sibling Discount.

Payment Method: A 25% non-refundable deposit is due at the time of registration. Summer camp is billed in full on April 15.

Check (please enclose check) # _____ House Charge
 Credit Card _____ Card Number _____ Exp. Date _____

Policies: Participants must pay at the time of registration. All members will be billed on their Lakeshore account if payment is not received with registration form. All camp days are non-refundable. Proration only applied to late enrollment, not for classes missed during a session. No refunds are given for any programs without a medical reason. All drop in campers will be charged a drop-in fee of \$50.

Terms and Conditions: I am the Parent or Legal Guardian of the child/children named above and I request that the child/children be admitted to the Lakeshore SF Summer Camp. I understand that as the parent/guardian, my signature is a commitment to make full payment of my remaining balance for final billing on April 15th, 2017. If full payment is not received by 5:00pm on April 15th, 2017, I may forfeit my child's space in the Lakeshore SF Summer Camp, and I will be charged a late fee of \$50.00. I also understand that my deposit is non-refundable and refunds are not granted for any absences. I understand that all enrollment changes (schedule, program) must be made in writing before April 1st, 2017. I understand that after April 1st, 2017 any weeks dropped will still be charged. I agree to assume full risk and to waive, relinquish, and release all claims against the agents, servants, and employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this camp program. I understand that I am responsible for all personal medical insurances and that I must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact as identified above cannot be reached.

Parent / Guardian Signature _____ Date _____

Office Notes:

Date / Time Rec'd: _____ Amount Due: _____ PD: _____ DB: _____ Confirm: _____ Guest ID Card Given: _____

**** Please note: guests may only participate for 10 weeks or 1 session term ****