



## Lafayette Academy's Summer Camp For children ages 2-8

(No diapers, please. Children must be potty trained.)

**July 14-17, 2025 "Adventure Week"**

*We will "travel" to the ocean, space, the forest, and the farm.  
Each day is a new adventure.*

**Camps meets 4 days: Monday-Thursday, 9 am - 12 pm**

This summer, let your child's natural curiosity lead to great fun and a deeper love of learning. At L.A.P. Summer Camps, learning abounds with hands-on discovery. Each week, a child-friendly theme features exciting activities in art, nature, games, music and stories. Along the way, children exercise their creativity, explore, and learn while having a wonderful time.

### **Location:**

Lafayette Academy is an independent school educating children ages 3 through 5. We are located in The Shoppes at Old Hill. Our address is 3620 Paoli Pike, Suite 5, Floyds Knobs. (Next to The Yellow Cactus.)

### **Registration:**

**Camp sessions are filled on a first-come, first-served basis with payment due in full. To register your child, please mail registration information or drop off with payment to:**

**Lafayette Academy, 3620 Paoli Pike, Suite #5, Floyds Knobs, IN 47119 (or send to school with your child).**

Full refunds are given if a camp session is cancelled due to insufficient enrollment or if a camp session is full and we are unable to accommodate your camp selection(s).

No refunds may be issued in part or in full due to camper's illness or absence, or if a family chooses to cancel. Camp fees are non-transferable. To add a camp session, please fill out the form below. Payment in full will be due at the time of addition(s).

**Program Cost:**

\$100 per four-day morning session, minimum enrollment of 10 per session  
(Children are placed into developmentally appropriate age groups.)

**Arrival:**

Drop off begins at 8:55. Parents will drop off their child to the teacher at the front door.

**Thematic Centers:**

At various learning centers, children choose multi-sensory, hands-on activities that allow for exploration and discovery of each weekly theme. The fluid structure allows for work and play independently and in groups during camps.

**Group Time:**

Campers share fun group experiences. Typical activities include stories and songs, music and movement games, finger plays and art.

**Snack:**

A nutritious snack and water are provided by teachers each morning. For your child's safety, please list any food allergies or dietary restrictions on the registration form.

**Play Time:**

Using the indoor and outdoor facilities, campers practice social skills while strengthening and exercising growing bodies.

**Dismissal:**

Dismissal will begin at 11:55. Parents will walk into their child's classroom for pickup. Please arrive by 12:00 for pickup.

**Camp Dress Code:**

Casual, comfortable clothes and tennis shoes (with closed toe, closed heel and Velcro or Tie Closure) are required for camp. Parents will be notified if campers need other special clothing for a specific day. Please apply sunscreen at home before arrival. You may send a labeled water bottle each day with your child and a labeled set of extra clothes in case of an accident.

Camper's first & last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Emergency Contact #1: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Emergency Contact #2: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Gender: \_\_\_\_ Birthday: \_\_\_\_\_ School Attending in Fall: \_\_\_\_\_

Food Allergies/Medical Needs: \_\_\_\_\_

Custody Issues or anything else we should know about? \_\_\_\_\_

Family Password (To be known by adults picking child up): \_\_\_\_\_

Camp fees: \$100 per week. Total due: \_\_\_\_\_ (checks can be made payable to L.A.P.)

**Permission & Release Form**

\*I hereby grant permission for my child to use all of the play equipment and participate in all activities of the school.

\*I hereby grant permission for the camp director or authorized personnel to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to attempting to contact a parent, guardian, child's physician or any of the persons listed on the emergency information provided to the school by the parent or guardian. If the above mentioned cannot be contacted, school personnel will do any or all of the following: call another physician, call an ambulance, have child taken to an emergency hospital in the company of a staff member. Any expenses incurred while enlisting the help of medical personnel as listed above will be borne by the family.

\*It is agreed that Lafayette Academy and staff assume no liability for injuries sustained as a result of participation in any and all Lafayette Academy programs.

\*In consideration for my child's opportunity to participate in camp activities, I hereby agree to release, hold harmless and indemnify Lafayette Academy, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

\_\_\_\_\_ (Parent or Guardian Signature) Date \_\_\_\_\_

\*I hereby grant permission for my child to be included in the documentation of programs and activities at LAP through the use of photography, video or printed materials.

\_\_\_\_\_ (Parent or Guardian Signature) Date \_\_\_\_\_