

Lawrence School of Love

Application form for Summer Camps

Child's name: _____

Child's birth date: _____

Mother's name: _____

Phone number: _____

Email: _____

Father's name: _____

Phone number: _____

Email: _____

Select Week(s) Child Will Attend:

July 11th – July 15th

July 18th – July 22nd

July 25th – July 29th

Aug 1st – Aug 5th

I agree to pay a \$25 non-refundable deposit for EACH week that I enroll my child, to hold a place in the class.