



Louisville Classical Academy

2009 Camp Registration

Which session will you be attending?

“A Week in Ancient Rome” camp (\$105)

July 13-17, 9:00-12:30

“A Week in Ancient Greece” camp (\$105)

July 27-31, 9:00-12:30

Child's last name: _____ Child's first name: _____

Sex: M / F Age: _____ Last grade completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone number to contact you: _____

Email address: _____

Emergency contact name: _____ Phone: _____

Does your child have any health concerns, special needs, or allergies? _____

I hereby authorize the Louisville Classical Academy to take any steps necessary to ensure my child's health, including seeking medical treatment if warranted.

Signature: _____ Date: _____

I hereby authorize the Louisville Classical Academy to use my child's photograph for educational and public relations purposes (names will not be used).

Signature: _____ Date: _____

Please complete a separate form for each child attending camp. Please make checks payable to
Louisville Classical Academy and mail, along with registration form, to

LCA • Summer Camp • 6902 Wolf Pen Branch Road • Prospect, KY 40059

You will receive confirmation.

The Louisville Classical Academy is a non-profit organization that does not discriminate on the basis of race, color, national and ethnic origin in any policy or facet of its program.

Phone: 228-7787 Web site: www.louisvilleclassicalacademy.org