



Fun With Phonics! Reading Camp

Camper Information

Camper Last Name: _____ First Name: _____

Gender _____ Date of Birth ___/___/___ Age at Camp: _____

(Campers Grades Kindergarten-First)

Family e-mail: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

Allergies & Reaction: _____

My child is allowed to have the snack provided without considerations: Yes No

Please note any behavioral considerations/diagnoses(ADHD, Autism, Sensory Integrative Disorder, etc.) _____

Are you comfortable with your child participating in a reading activity with a therapy dog? _____

How did you hear about camp? _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Relationship to Camper: _____

Home Phone: _____ Work

Phone: _____ Cell Phone: _____

Occupation: _____

Last Name: _____ First Name: _____

Relationship to Camper: _____

Home Phone: _____ Work

Phone: _____ Cell Phone: _____

Occupation: _____

Lantern Speech & Reading Intervention
Laural Farrell Lalu, Speech Language Pathologist/Owner
Jamestowne Professional Park
1769 Jamestown Rd. Suite 217
Contact 757-945-8091



Fun With Phonics! Reading Camp

Emergency Contact (If the Parent/Guardian cannot be reached, please contact the person listed below.)

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Lantern Speech & Reading Fun with Phonics! Summer Camp 2022

(please check one)

Session 1	August 1-4 (9:00am-12:00pm)	
Session 2	August 15-18 (9:00am-12:00pm)	

Payment

Cost is \$225 per session

*To reserve your space, payment is due in full at the time of registration.

*Methods of payment accepted- Cash, check, or credit card payment through IvyPay(2% additional fee for processing).

I elect to pay via: _____ (please check one)

Cash	
Check	
IvyPay (2% additional fee for processing)	

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Cancellations & Refund Policy

I understand that no refunds will be given except as listed below:

1. If the camp is cancelled for any reason by Lantern Speech & Reading Intervention, the campers will be refunded in full.
2. If cancellation occurs for a physician documented medical reason, the camper will be refunded in full.
3. If a camper is sent home during the session for medical reasons, the camper will be entitled to 50% of the price paid.
4. In the case of homesickness, dismissal from the program, or voluntary withdrawal-no refund will be given.

Parent signature

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Please send completed camper applications to:

**Lantern Speech & Reading Intervention
1769 Jamestown Road Suite 217
Williamsburg, VA 23185**

or scan and send to: lanternspeech@gmail.com

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