



Loomis Union School District

2018-2019 TK/Kindergarten Summer Prep Camp

The Loomis Union School District is excited to offer a **FREE** TK/Kindergarten Summer Prep Camp to Transitional Kindergarten and Kindergarten students enrolled in the 2018-2019 school year. The intent of this camp is to provide students the opportunity to experience the TK/Kindergarten program offered in the Loomis District. The Prep Camp will introduce students to the academic, social and behavioral expectations of Kindergarten in a setting of approximately 15-18 students. Transportation for this camp will not be provided by the district.

Dates: Monday, July 30th through Friday, August 3rd

Cost: FREE

Time: 8:30am-1:30pm

Locations: Loomis Grammar
3505 Taylor Rd
Loomis, CA 95650

Placer Elementary
8650 Horseshoe Bar Rd
Loomis, CA 95650



Registration forms are available at school sites, the district office or online at www.loomis-k12.ca.us. Completed forms must be turned in to the Loomis Union School District Office at 3290 Humphrey Road, Loomis CA 95650. If you have questions regarding this program please call (916) 652-1800.

Please note that students must be enrolled in TK or Kindergarten at a Loomis District school to participate in this Summer Prep Camp.



Loomis Union School District
TK/Kindergarten Summer Prep Camp

Registration Form
July 30, 2018-August 3, 2018

Student Name:	Date of Birth:
Parent Name:	Home Phone:
Address:	Cell Phone:
School of Attendance in 2018-2019 Year:	
Grade entering in 2018-2019 Year: <input type="checkbox"/> Transitional Kindergarten <input type="checkbox"/> Kindergarten	
Does your child currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please rank your 1st and 2nd choice of preference for TK/Kindergarten Prep Camp:
(We will make every effort to place your child at your location of preference. An additional location may be added based on enrollment)

____ Loomis ____ Placer

Medical Information

Family Physician: _____ Phone: _____

List of current medications: _____

Allergies: (be specific) _____

Emergency Contact: _____ Phone: _____

Please check any of the following that might apply to your child:

- Severe bee sting allergy Heart condition Severe food allergy Asthma Diabetes
 Hearing problem Wears glasses Wears contacts Other: _____ No known health problems

What action is to be taken if a complication is due to an allergic or health condition?

In case of accident/emergency, *if parent or guardian cannot be reached*, I authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian Signature: _____ Date: _____