**Shining Starr**

**Learning Academy**

1535 Cogswell Street Ste. D29

Rockledge, FL 32955

321-400-9044

**READING, WRITING & ART CAMP**

Date: June 25-29

Time: 9:00 a.m. to 3:00 p.m.

Cost: $125

Age: 3rd – 6th grade

# of children: 4 first come first serve **(must be paid to guarantee spot)**

This is a combinations Reading, Writing & Art Camp. All camp participants must be able to follow instructions and may work together in teams at times.

Students MUST bring a bagged lunch with them.

Please make checks payable to Shining Starr Learning Academy.

Registration fee is ***NON-REFUNDABLE***.

Child’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s emergency contact cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I authorize my child to participate in the **Combo Camp**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date Signed