



# Shining Starr Learning Academy

1535 Cogswell Street Ste. D29

Rockledge, FL 32955

321-400-9044

Please print

Camp Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Cost: \_\_\_\_\_

Child's Age: \_\_\_\_\_

All camp participants are on a first come first serve and the registration fee **must be paid to guarantee their spot.** There are **only 8** spots per camp. Please make checks payable to Shining Starr Learning Academy. Camp fee is ***NON-REFUNDABLE***.

All camp participants must be able to follow instructions and may work together in teams at times.

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 above camp.

\_\_\_\_\_  
Signature Printed Name Date Signed