



## SUMMER CAMP REGISTRATION FORM

CHILD	NAME OF CHILD	
	DATE OF BIRTH	
	MOTHER'S NAME	
	FATHER'S NAME	
	HOME ADDRESS	
	HOME PHONE	

WORK		<b>MOTHER</b>	<b>FATHER</b>
	WORK PHONE		
	CELL PHONE		
	EMAIL ADDRESS		

Emergency contacts		<b>CONTACT#1</b>	<b>CONTACT#2</b>
	NAME		
	PHONE NUMBER		
	RELATIONSHIP		

Persons authorized to pick up your child and/or contact in contact in case of emergency when neither parent is available to assume responsibility for the child

### FIELD TRIP WAIVER

By signing this waiver, I hereby give permission for my child to attend all scheduled field trips they are enrolled for during the summer of 2023.

Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_





## SUMMER CAMP FEES AND SCHEDULES

<b>REGISTRATION FEE: \$50</b>	<b>CAMP FEE per week:</b>	<b>5 days</b>	<b>4 days</b>	<b>3 days</b>
		\$465	\$455	\$445

DISCOUNTS: WE WILL PROVIDE 5% DISCOUNT FOR SIBLINGS\*

\*\*\* Field Trips subjected to be changed \*\*\*

FIELD TRIPS REQUIRE ADVANCED REGISTRATION NOTICE***		PLEASE CHECK OFF THE DAYS ON WHICH YOU PLAN ON ATTENDING CAMP				
WEEK	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### INCLUDED IN TUITION

- Special guest visits
- Water Play for all ages!
- Weekly themed activities and field trips
- Easy on the pocket – weekly tuition!
- Meals and snacks are included (organic and fresh)
- Extended hours (6:30 – 7:30)
- Project based hands on academics





## SUMMER CAMP REGISTRATION FORM

### MEDICAL

PHISICIAN'S NAME

DENTIST'S NAME

CHILD'S HEALTH INSURANCE  
ID NUMBER

SUBSCRIBER'S NAME

SPECIAL CONDITIONS  
ALLERGIES OR MEDICAL  
EMERGENCY INFORMATION

### FIELD TRIP

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

