

SUMMER CAMP 2026: MATH, MOVEMENT, MONEY AND MORE!

Student's Name _____ Date of Birth _____ Age _____

Parent / Guardian's Name _____ Phone Number _____

E-Mail Address _____

Parent / Guardian's Name _____ Phone Number _____

E-Mail Address _____

SUMMER CAMP SCHEDULE

Monday - Friday

8 am - 5 pm

Select weeks of attendance below.

- Week 1: June 1 - 5, 2026
- Week 2: June 8 - 12, 2026
- Week 3: June 15 - 19, 2026
- Week 4: June 22 - 26, 2026
- Week 5: June 29 - July 3, 2026
- Week 6: July 6 - 10, 2026
- Week 7: July 13 - 17, 2026
- Week 8: July 20 - 24, 2026
- Week 9: July 27 - 31, 2026

TUITION RATES

TUITION
\$ 350 / Week

TUITION DISCOUNTS

Multi-Week Discount:

4 Weeks → \$ 1,300 (\$ 325 / Week)

5 Weeks → \$ 1,500 (\$ 300 / Week)

6 Weeks → \$ 1,800 (\$ 300 / Week)

7 Weeks → \$ 1,925 (\$ 275 / Week)

8 Weeks → \$ 2,200 (\$ 275 / Week)

9 Weeks → \$ 2,250 (\$ 250 / Week)

Sibling Discount: \$ 300 / Child / Week

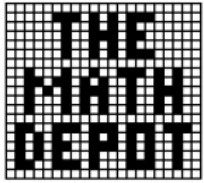
Family Friend Discount: \$ 300 / Child / Week

DAILY DROP-IN TUITION

\$ 100 / Day

Apply for State-Funded Scholarships through GA Bright From the Start:

caps.decal.ga.gov



THE MATH DEPOT

2336 Main Street
Tucker, GA 30084
(404) 246 – 5367

REGISTRATION FORM
SUMMER 2026

www.TheMathDepot.com
learn@themathdepot.com

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH	AGE
ADDRESS			CITY	STATE	ZIP CODE
PARENT / GUARDIAN'S NAME			E-MAIL		
HOME PHONE	MOBILE PHONE		WORK PHONE		
PARENT / GUARDIAN'S NAME			E-MAIL		
HOME PHONE	MOBILE PHONE		WORK PHONE		
EMERGENCY CONTACT			RELATIONSHIP	PHONE NUMBER(S)	
EMERGENCY CONTACT			RELATIONSHIP	PHONE NUMBER(S)	
*ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP.					

SCHOOL INFORMATION (SY 2026-2027)

SCHOOL	DISTRICT	GRADE
ACADEMIC STRENGTHS	ACADEMIC WEAKNESSES	
OTHER CONCERNS	SPECIAL PROGRAMS / SERVICES	

MEDICAL INFORMATION

MEDICAL CONDITIONS	MEDICATIONS	
FOOD ALLERGIES	OTHER ALLERGIES	
PHYSICIAN'S NAME	ADDRESS	PHONE NUMBER
HOSPITAL'S NAME	ADDRESS	PHONE NUMBER
HEALTH INSURANCE	MEMBER ID	GROUP NUMBER

I have listed all medical conditions and allergies of my child above. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained. I, my heirs, executors, and administrators also release The Math Depot and its staff from any and all liability, loss, cost, claim, and damages that may arise from any incident, injury, and accident involving my child.

Parent / Guardian's Name _____ Parent / Guardian's Signature _____ Date _____

**THE MATH DEPOT
TERMS AND CONDITIONS**

REGISTRATION

All students are required to have a complete registration form on file. Parents / guardians must notify The Math Depot of any changes, such as phone numbers, emergency contacts, etc.

TUITION

All tuition payments are due prior to the summer camp program week of attendance. Reservations cannot be guaranteed, and services must be paid for in advance in order to secure the space. Drop-ins are allowed based on availability. If a student is unable to attend the summer camp program for the week, notice must be given by the Friday prior to the week of attendance. Tuition payments are non-refundable, but can be applied as a credit in the student's account. The total multi-week tuition must be paid in full to receive the discounted rate.

Tuition Rates:

\$ 350 / Week or \$ 100 / Daily Drop-In

Tuition Discounts:

Multi-Week Discount: 4 Weeks→\$ 1,300 (\$ 325 / Week); 5 Weeks→\$ 1,500 (\$ 300 / Week); 6 Weeks→\$ 1,800 (\$ 300 / Week); 7 Weeks→\$ 1,925 (\$ 275 / Week); 8 Weeks→\$ 2,200 (\$ 275 / Week); 9 Weeks→\$ 2,250 (\$ 250 / Week)

Sibling Discount: \$ 300 / Child / Week

Family Friend Discount: \$ 300 / Child / Week

Payment Options:

- (1) cash
- (2) check or money order—a \$35 fee will be assessed for any returned checks
- (3) credit card (+3% fee)
- (4) mobile payment app
 - Venmo @TheMathDepot
 - PayPal learn@themathdepot.com (+3% fee)
 - Zelle (404) 246 - 5367

STUDENT ARRIVAL and PICK-UP

Students are to be brought to and picked up from The Math Depot by a parent or guardian listed on the registration form. All students must be signed-in and out by their parent / guardian for each day. Only the people listed in the student information section will be allowed for pick-up. A picture ID will be required. If someone other than those listed will be picking up the child, the parent / guardian must notify the center in writing. A fee of \$5 for every 10 minutes will be charged for any student that is not picked up by the end of each daily session. The Department of Family and Children Services will be contacted for any child that is not picked up an hour after the program ends for the day.

DAILY MEALS

Students are required to bring their food for the day, which includes lunch and snacks (morning and afternoon). Students should also pack a refillable water bottle. Each child's food allergies, if any, must be listed on the student registration form.

STUDENT ACTIVITY PARTICIPATION

I give my child permission to participate in and attend the various activities and experiences provided by The Math Depot. I will notify the center in writing if my child is unable to participate in any given activity.

STUDENT BEHAVIOR

All students are required to exhibit positive behavior at all times. A student will receive a warning for the first offense. Parents will be notified of the second incident. A parent conference will be necessary to continue attendance in the summer camp program for any subsequent incidents.

PERSONAL PROPERTY

Students are allowed to bring their own electronic devices, such as laptops, tablets, smartphones, accessories, etc., and are responsible for their proper care. The Math Depot will not be held responsible for any damage or loss of any personal electronic device. Students are expected to use any of the equipment for appropriate activities, and to not cause a disruption to other students or to the program.

**THE MATH DEPOT
TERMS AND CONDITIONS**

PHOTOGRAPHS and VIDEOS

I give The Math Depot permission to photograph and videotape my child while participating in the summer camp program and any of the provided activities. I understand that the photographs and videos may be used by The Math Depot for the center's website and social media pages, newsletters, flyers, brochures, and albums, in both print and digital form.

EMERGENCIES

I have provided The Math Depot with current contact information for any emergencies that may arise. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained.

LIABILITY

The Math Depot and its staff are not responsible and will not be held liable for any and all losses, costs, claims and damages that may arise from any incident, injury, or accident that occurs on and off the premises, prior to, during, and / or after any and all services provided by The Math Depot.

THE INFORMATION I HAVE PROVIDED ON THE STUDENT REGISTRATION FORM IS COMPLETE AND ACCURATE. I HAVE READ AND AM IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS FOR THE MATH DEPOT AS LISTED ABOVE. I RELEASE THE MATH DEPOT, LLC AND ITS STAFF FROM LIABILITY FOR ANY AND ALL LOSSES, COSTS, CLAIMS, AND DAMAGES THAT MAY ARISE FROM ANY INCIDENT, INJURY, OR ACCIDENT THAT OCCURS ON AND OFF THE PREMISES, PRIOR TO, DURING, AND / OR AFTER ANY AND ALL SERVICES PROVIDED BY THE MATH DEPOT.

Student's Name _____ Parent /Guardian's Name _____

Address _____

Phone Number _____ Parent / Guardian's Signature _____ Date _____

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**THE MATH DEPOT
BRIGHT FROM THE START
NOTICE OF EXEMPTION**

I, _____, acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent /Guardian's Name _____

Parent / Guardian's Signature _____

Date _____