

Summer Camp Registration 2024!

Summer Camp begins June 17, 2024 - August 9, 2024! If you have multiple children please use the same form! You can list all the children under childs name. Thank you!

 Indicates required question

Parents First Name? *

Your answer

Parents Last Name? *

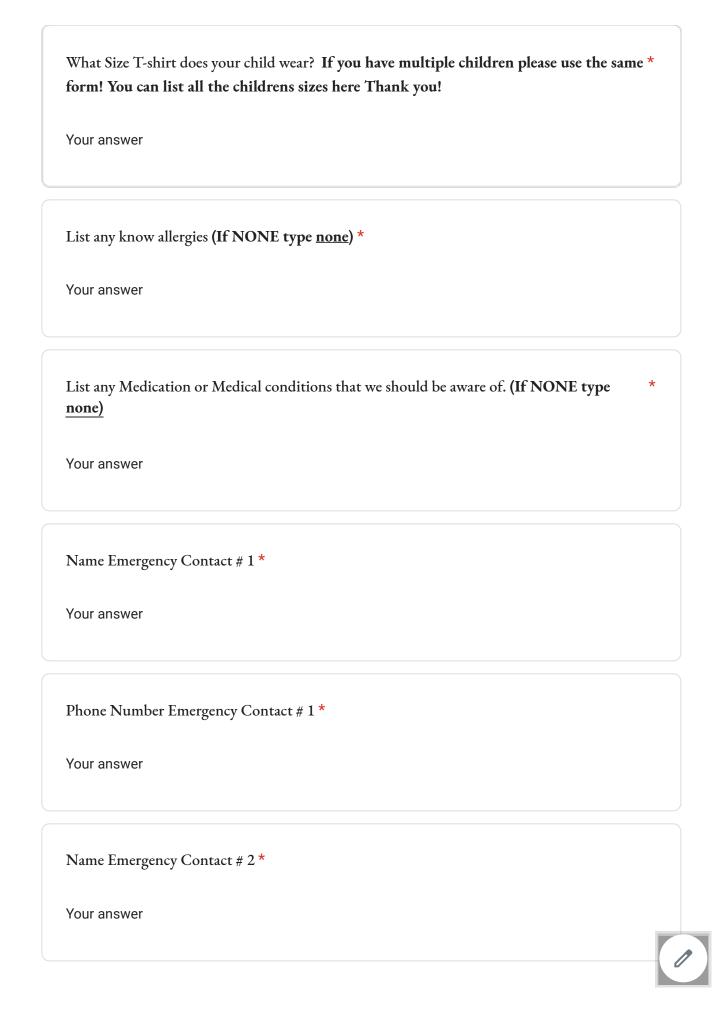
Your answer

Parents Email Address? *

Your answer

Parents Physical Address *
Your answer
Parents Phone Number? *
Your answer
Childs Name? If you have multiple children please use the same form! You can list all * the children under childs name. Thank you!
Your answer
Childs Age? If you have multiple children please use the same form! You can list all the * children under childs age. Thank you!
Your answer
What Grade is your child in? (not the grade they will be going too) If you have multiple * children please use the same form! You can list each childs grade here. Thank you!
Your answer





Phone Number Emergency Contact # 2 *
Your answer
Name of authorized pick up person?(other than the applicant) If None type none *
Your answer
Field Trips: I understand that during the course of the summer camp program, •eld trips to * various locations may be organized. I give permission for my child to participate in these •eld
trips and understand that they will be supervised by camp sta.
I understand and agree to the above stated
Photography: I consent to the taking and use of photographs or videos of my child during * summer camp activities for promotional and educational purposes, including but not limited
to camp brochures, newsletters, websites, and social media platforms. I understand that my child's identity will not be revealed in any captions or accompanying text without separate written consent.
I understand and agree to the above stated
Emergency Medical Treatment: In the event of a medical emergency, I authorize camp sta• * to seek medical treatment for my child, including emergency medical transportation if necessary.
I understand that every e•ort will be made to contact me or the emergency contact listed below in such situations.
I understand and agree to the above stated



Emergency Medical Treatment: In the event of a medical emergency, I authorize camp sta• * to seek medical treatment for my child, including emergency medical transportation if necessary. I understand that every e•ort will be made to contact me or the emergency contact listed below in such situations. I understand and agree to the above stated
Payment Policy Consent I, the undersigned parent or legal guardian of the above-named child, acknowledge and agree to adhere to the payment policy of Cory Douglas Academy for the summer camp program. I understand and consent to the following terms: Weekly Payments: I agree to make weekly payments for my child's attendance at summer camp. Payments are due at the beginning of each week, prior to my child's participation.
Payment Methods: I acknowledge that payments can be made using the following methods:
Cash Payments: I understand that if I choose to make cash payments, I must submit the payment directly to the camp coordinator or designated sta• member at drop-o• before my child's attendance for the week.
Cash App Payments: I acknowledge that if I choose to make payments via Cash App, I must ensure to include my child's name and the week of camp in the payment description.
Invoice Payments: If I prefer to receive an invoice for each week's fees, I will contact the camp administration o•ce to arrange this option.
Payment Before Dropmets must be received before my child is dropped of for the week. Failure to submit payment may result in my child being unable to attend camp for that week.
I have read and understand the payment policy outlined above, and I agree to comply with its terms. I acknowledge that adherence to this policy is essential for the smooth operation of the camp and the provision of quality services to all campers.
I understand and agree to the above stated



Would you like more information about Fall Enrollment or Tutoring Services? Please *
O Yes
O No

Google

