



## APPLICATION FOR OUR SUMMER SCHOOL CAMP

Dear Parents:

Please complete this application form if you are interested in having your child participate in our Summer School Camp program.

The full program will run from June 30 through August 8; from 8:30am to 6:00pm on weekdays and will accept children between the ages of 3 and 5 years. We will also offer Half Day programs from 8:30am to 12:30pm. We are seeking a minimum of 10 students to make the program viable.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

I wish to register the applicant: ( ) Full day program \$ 2250 ( ) Weekly at \$450  
( ) Half Day program \$1500 ( ) Weekly at \$300

**Deduct 10% for applications received by February 28, 2025.**

If registering your child weekly: select the week(s) below:

- ( ) Week 1 - June 30-July 7 ( ) Week 2 - July 7-11 ( ) Week 3 - July 14-18  
( ) Week 4 - July 21-25 ( ) Week 5 - July 26 -Aug1 ( ) Week 4 - August 8

Parent/Guardian's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: Home- \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Please list in order of preference, at least 2 individuals we may contact in the event of an emergency:

Name	Relationship to child	Address	Phone

Signature of Parent/Guardian: \_\_\_\_\_

<b>For Office Use only</b>	
( ) Your child has been accepted into the program, effective _____	
( ) Regrettably, we are unable to accept your child into the Program.	
Signed by: _____	Date: _____