



Summer Camp 2024 Enrollment Form

We offer a 10 week summer camp program or two 5 week sessions or as few as 2 consecutive weeks. All programs run 5 days a week, Monday through Friday. **The activity fee is due upon enrollment and is non-refundable. The activity fee covers all field trips, bus fees, and special activities.** Summer Camp tuition payments are **due by June 1st** for session 1 and must be **paid in full by July 1st** for session 2. ***A \$225.00 Activity Fee per child is due with enrollment***

Dates of Enrollment

10 Week Program: _____ **June 3rd – Aug. 9th** ~OR~ _____ **5 Week Program:** _____ **June 3rd - July 5th** ~OR~ _____ **Flexible 2 wk. Program:** _____ **weeks** _____ **dates**
 _____ **July 8th – Aug. 9th** _____ **weeks** _____ **dates**

Amounts reflect **summer tuition per week:**

Primary (ages 3-6)	Lower Elementary (ages 6-9)	Upper Elementary (9-13)
___ 8:30-11:30 \$200	___ 8:30-3:00 \$310	___ 8:30-3:00 \$340
___ 8:30-3:00 \$285	___ 7:00-6:00 \$340	___ 7:00-6:00 \$360
___ 7:00-6:00 \$310		

If two siblings are enrolled **simultaneously summer camp tuition will be reduced 2.5%; if three or more siblings are enrolled **simultaneously** summer camp tuition will be reduced by 7% off the total. **(No camp Wednesday, June 19th!) (No camp Thursday & Friday, July 4th & 5th for the holiday. Weekly rate prorated for this week only!!)**

Child's Full Name: _____ **Nick Name:** _____

Birth Date: ___/___/___ **June age:** _____ **Sex:** ___ M ___ F **Current Grade:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Mother's Name: _____ **E-Mail Address:** _____

Work/Day Phone: _____ **Cell Phone:** _____

Father's Name: _____ **E-Mail Address:** _____

Work/Day Phone: _____ **Cell Phone:** _____

Emergency Contact Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Day/Work Phone:** _____

Please list any allergies, special diet, medication, and special needs your child may have:

** By signing below you are agreeing to pay the summer camp tuition based upon enrollment. In cases of failure to pay, the Parent or guardian who is responsible for payment agrees to pay, to the extent permitted by law, the School's expenses of enforcement and collection, including attorney fees and costs.

Parent/Guardian Signature _____ **Date**

Office Use Only

Date Paid: _____ Payment Method.: Ck. # _____ Cash receipt.# _____