



Summer Camp 2023 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 5th – Aug. 11th ~OR~

5 Week Program:

_____ June 5th - July 7th
_____ July 10th – Aug. 11th

Flexible 2 wk. Program:

_____ weeks _____ dates
_____ weeks _____ dates

Amounts reflect **summer tuition per week:**

Primary (ages 3-6)

_____ 8:30-11:30 **\$190**

_____ 8:30-3:00 **\$270**

_____ 7:00-6:00 **\$295**

Lower Elementary (ages 7-9)

_____ 8:30-3:00 **\$295**

_____ 7:00-6:00 **\$325**

Upper Elementary (10-13)

_____ 8:30-3:00 **\$325**

_____ 7:00-6:00 **\$345**

****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 Monday, June 19th!) (No camp Monday & Tuesday, July 3rd & 4th 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.# _____