2024 Summer Camp Registration



Student's First and Last Name

Student's Grade (23-24 school year)

I wish to register my child (listed above) for the following weeks of Summer Camp:

weekly rees are due the wednesday preceding your scheduled week or camp.								
	Weeks	Before Care 7:30 am - 8:45 am	Camp 9:00 am - 3:00 pm	n		After Car pm - 5:0		
1	June 3 - 7	□ \$15, \$20 after April 15	\$150, \$175 after Apri K-5th can sign up for with church - No 9 - 3 can available.	VBS	\$20,	\$25 after	r April 15	
2	June 10 - 14	☐ \$15, \$20 after April 15	🔲 \$150, \$175 after Apri	l 15 [\$20,	\$25 after	r April 15	
3	June 17 - 21	☐ \$15, \$20 after April 15	🔲 \$150, \$175 after Apri	l 15 [\$20,	\$25 after	r April 15	
4	June 24 - 28	☐ \$15, \$20 after April 15	🔲 \$150, \$175 after Apri	l 15 [\$20,	\$25 after	r April 15	
Weeks 1 - 4 JUNE		\$40, after \$70 no changes can be made	\$560, after \$610 no changes can be mad	le [\$60, after \$90 no changes can be mad			
5	July 1 - 3 closed July 4 & 5	☐ \$ 9, \$15 after April 15	□ \$90, \$115 after April	15	☐ \$12,	\$20 after	April 15	
6	July 10 - 14	□ \$15, \$20 after April 15	☐ \$150, \$175 after Apri	l 15 (\$20,	\$25 after	r April 15	
7	July 17 - 21	□ \$15, \$20 after April 15	🔲 \$150, \$175 after Apri	l 15 (\$20,	\$25 after	r April 15	
8	July 24 - 28	🔲 \$15, \$20 after April 15	🔲 \$150, \$175 after Apri	l 15 (\$20,	\$25 after	r April 15	
Weeks 5 - 8 JULY		\$40, after \$70 no changes can be made	s500, after \$550 no changes can be mad	le [\$60, after \$90 no changes can be made			
There is NO camp or care May 27 - 31, July 4 & 5, and July 29 - August 12.								
 Can the camper swim? (K-5th) Yes No (The weekly swimming fee is included in the weekly camp fee.) I understand that Campers (K - 5th) have a weekly field trip or assembly that is included in the weekly fee. I give permission to consult the child's physical/health resource listed on student application in case of emergency, if I (the parent/guardian) cannot be reached. If your child is sick, or becomes ill at school, they will be isolated and you will be called to pick up your child. Children who have a fever (100 degrees or higher) will need to stay home until they are fever free without medication for 24 hours. There will be no refunds for illness, or any other reason for absence. 								
You will receive a verification of which weeks are available for your child. My signature below verifies the information I have provided is complete and accurate, and I have received this information and agree with these conditions and/or policies.								
PRIN	T Parent/Guardia	n's First and Last Name	_() Phone Number	_	Email			
	ATURE Parent/Gu	uardian	Date					
FOR OFFICE USE:				Wk	BC	Camp	AC	
Offic	e Staff Signature of c	hanges listed to the right:		1				
Date of Staff Verification:				2				
				3				
				4				

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rev.02.16.24