



# 2025 Summer Camp Registration

\_\_\_\_\_  
**Student's First and Last Name**

\_\_\_\_\_  
**Student's Grade** (24-25 school year)

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

- **Camp Fees for all selected weeks of June are due May 15, 2025.**
- **Camp Fees for all selected weeks of July are due June 12, 2025.**

Weeks	Monday - Friday	Before Care 7:30 am - 8:00 am	Camp 8:00 am - 3:00 pm	After Care 3:15 pm - 5:30 pm
1	<b>June 2 - 6</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
2	<b>June 9 - 13</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
3	<b>June 16 - 20</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
4	<b>June 23 - 27</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
5	<b>June 30 - July 3</b> <i>Closed Friday, July 4</i>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
6	<b>July 7 - 11</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
7	<b>July 14 - 18</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk
8	<b>July 21 - 25</b>	<input type="checkbox"/> \$15/wk	<input type="checkbox"/> \$180/wk	<input type="checkbox"/> \$25/wk

**There is NO camp or care **May 26 - 30, July 4, and July 28 - August 8.****

**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 enrollment for your child once payment is received.**

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.

\_\_\_\_\_  
**PRINT** Parent/Guardian's First and Last Name      (    ) \_\_\_\_\_  
 Phone Number      \_\_\_\_\_  
 Email

\_\_\_\_\_  
**SIGNATURE** Parent/Guardian      \_\_\_\_\_  
 Date

<b>FOR OFFICE USE:</b>  Office Staff Signature of changes listed to the right: _____ Date of Staff Verification: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Wk</th> <th style="width: 15%;">BC</th> <th style="width: 15%;">Camp</th> <th style="width: 15%;">AC</th> </tr> </thead> <tbody> <tr><td>1</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>7</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>8</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Wk	BC	Camp	AC	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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rev.03.04.25