



# SUMMER CAMP 2025

Child's Legal Name: \_\_\_\_\_  
(First) (Last) (Nickname if Applicable)

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade in Sept 2025: \_\_\_\_

Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (1): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian (2): _____ (First) (Last) Email: _____ Phone: _____ Address: _____ _____
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Camp Hours 9:00am - 2:00pm ... .. \$\_\_\_/week

Extended Early Morning: 7:30am - 9:00am... .. \$\_\_\_/day

Extended After Care: 2:00pm - 4:00pm... .. \$\_\_\_/day

