



Summer Camp 2024

Ages 6 – 9 years old (K-5th grade)

Child's Name _____ Name Called _____
Last First M.I.

Female Male Date of Birth _____ Fall 2024 Grade _____

Mother's Information				
Name			E-mail address	
Address		City	State	Zip
Cell	Home		Work	
Occupation	Employer	Work Address		
Father's Information				
Name			E-mail address	
Address		City	State	Zip
Cell	Home		Work	
Occupation	Employer	Work Address		

Check which days you would like your child to attend or check "All Days".

Daily Rate: \$60 Weekly Rate: \$270 Monthly: \$1080 (Session 3: \$____)

Session 1: June 3-June 28 **Session 2:** July 1-July 26 **Session 3:** July 29-August 13

All Days

All Days

All Days

3	4	5	6	7	1	2	3	4	5	29	30	31	1	2
10	11	12	13	14	8	9	10	11	12	5	6	7	8	9
17	18	19	20	21	15	16	17	18	19	12	13			
24	25	26	27	28	22	23	24	25	26					