

# Children's House Academic Summer Camp

Choose Your Weeks.... Monthly Discount

Limited Space Available /Children must be potty trained!

**Student Information:**

T -Shirt Size \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First middle

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

*All Children Receive Free Camp T-shirt !*

**\*SUMMER AT A GLANCE**

Academics      Breakfast      Science Experiments  
Themed Art      Fun Friday /Pizza

**\*Payment is due with registration to guarantee your requested weeks\***

Registration Fee \$50.00      Registration Date: \_\_\_\_\_      8a.m.-3p.m.

Full Time: \_\_\_\_\_ Part Time 3 Days \_\_\_\_\_ Part Time 2 Days \_\_\_\_\_

**\* Existing Families\***

- |                                       |                 |                        |                        |
|---------------------------------------|-----------------|------------------------|------------------------|
| <input type="checkbox"/> Monthly June | Full Time \$900 | Part Time 3 Days \$600 | Part Time 2 Days \$450 |
| <input type="checkbox"/> Monthly July | Full Time \$900 | Part Time 3 Days \$600 | Part Time 2 Days \$450 |
| <input type="checkbox"/> Weekly       | Full Time \$350 | Part Time 3 Days \$250 | Per-Day \$ 85.00       |

**Summer Weeks**

**Weeks in June**

June 8-12 \_\_\_\_\_  
June 15-19 \_\_\_\_\_  
June 22-26 \_\_\_\_\_

**Weeks in July**

June 29 - July 3 \_\_\_\_\_  
July 6-10 \_\_\_\_\_  
July 13-17 \_\_\_\_\_

The Children's House reserves the right to cancel the summer program if summer quota is not met.

**Forms are due by 5/6/26. Tuition is to be paid in full and is non-refundable**

**Family Information:**

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Medical Information:**

❖ *I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.*

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

*Please list allergies, special medical or dietary needs, or other areas of concern:*

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

*Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

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***Signature of Person Responsible For Tuition Payment      Social Security Number      Date***

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