



2024 SUMMER CAMP

Little Seedlings Academy Summer Camp is open for children ages 3-10. Space is limited. The camps are split into three sessions and offered three days per week. Camp hours will be 9am-3pm. There will be no extended care available. Please plan to send a snack and lunch with your child. If camp is offering snack or lunch we will communicate this with you prior. Price is per camper per session. Payment is non-refundable and due at registration. Payment can be made via cash, check, or credit card. Deadline to register for camp is May 31st. Please complete all information below to the best of your ability.

Camper Information

Camper Name: _____ DOB: _____

Camper Name: _____ DOB: _____

Camper Name: _____ DOB: _____

If you need more lines... God bless you. Just flip the page over and keep writing.

Parent Information

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Select Camp(s) Below:

Summer Kick Off Camp (\$375 for all 3 weeks)

_____ **Beach Week** - June 11th-12th-13th (\$125)

_____ **Camping Week** - June 18th-19th-20th (\$125)

_____ **Circus Week** - June 25th-26th-27th (\$125)

STEM Camp (\$375 for all 3 weeks)

_____ **LEGO Camp** - July 9th-10th-11th (\$125)

_____ **Space Camp** - July 16th-17th-18th (\$125)

_____ **Dinosaur Camp** - July 23rd-24th-25th (\$125)

Disney Camp (\$250 for both weeks)

_____ **Toy Story Camp** - August 6th-7th-8th (\$125)

_____ **Finding Nemo** - August 13th-14th-15th (\$125)

Campers will be divided by age groupings. Activities for each camp will be tailored to both boys and girls and individual age groupings. All children in attendance must be potty trained.

Allergies or medical concerns: _____

Authorized Pick Up:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Legal Agreement:

Release: In the case of an emergency where I cannot be reached, I authorize Little Seedlings Academy staff to obtain whatever medical treatment is deemed necessary for the welfare of my child(ren). I hereby release, indemnify and hold harmless Little Seedlings Academy and their staff and any volunteers from any and all claims arising out of injury to my child.

Parent Signature _____ **Date:** _____

Office Use:

No. of Campers: _____ No. of Weeks: _____ Amt. Due: _____

Date Paid: _____ Check number: _____/Cash _____/Credit Card _____