



Camp Schedule:

7:00-9:00 :(Before Camp) Complimentary
9:00: Camp Day Drop Off
9:15-10:15: Specials – Week Long, skill/project
10:15-11:00: Activity Period 1 – 6 Activity Choices
11-11:45: Activity Period 2
11:45-12:15 Lunch
12:15-1:00: Activity Period 3
1:00-1:45: Activity Period 4
1:45-2:30: Activity Period 5
2:30: Carpool – Camp Day Pick Up
2:30-6:00- After Camp Activities/Enrichment (Fee for After Camp)

Camp Day (7:00- 2:30):

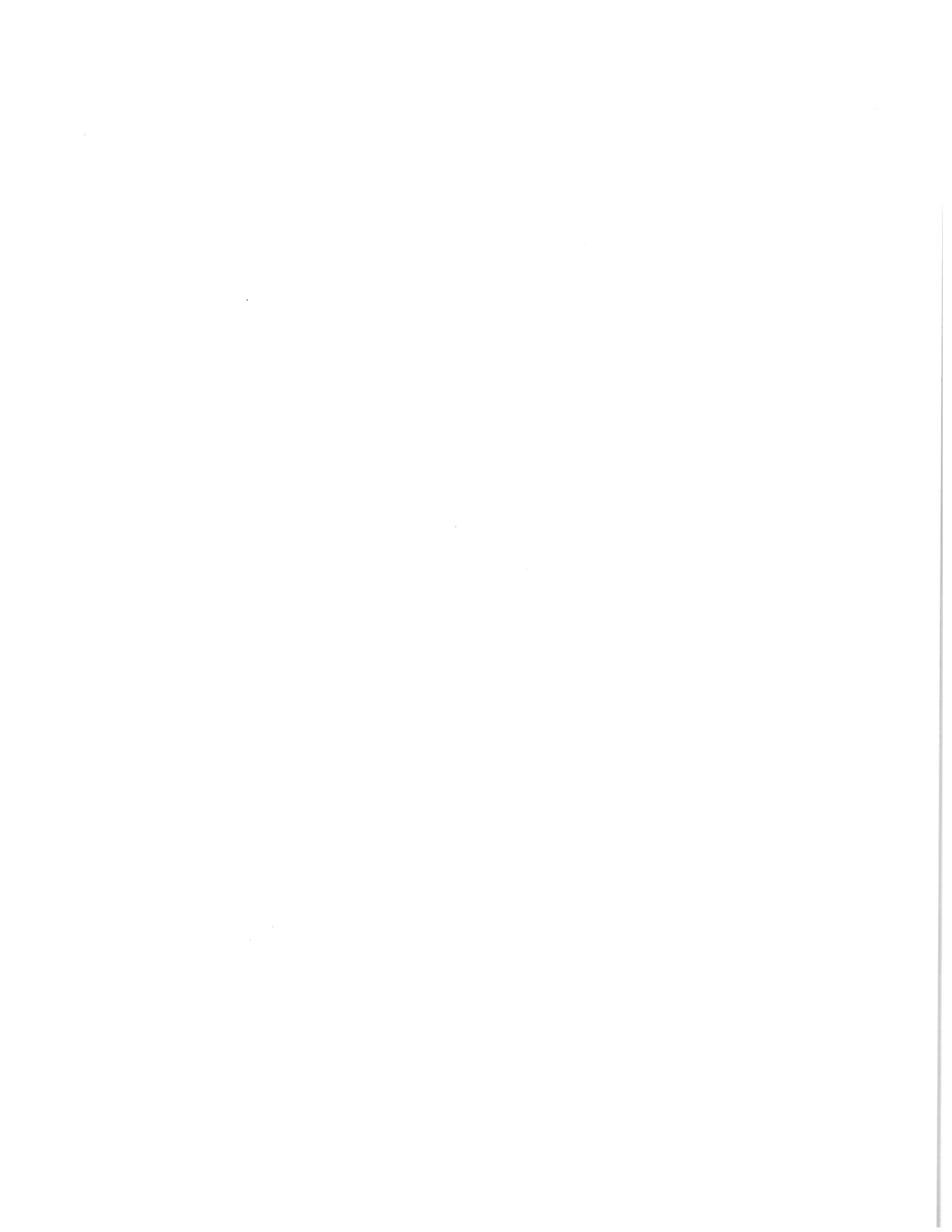
The camp begins at 9:00 am. After being signed in, Campers will begin their fun-filled day with free play on the playground. The specials that week will start at 9:10 am, and after that, we have a day packed with awesome activities.

Extended Day (Before 7:00-9:00, After 2:30-6 pm):

Extended day offer before camp is complimentary from 7:00-9 am and allows your camper to stay after camp from 2:30-6 pm for an additional fee of \$25. In the morning, campers will begin the day with free time. We offer tablets, crafts, and free play or outside. After camp is a great time to unwind from a busy day. The campers will be given a snack, and activities and games will be planned.

Activities: There are five 40-minute activity periods during the camp day. Activities include Sports, science, math, theater, music, gym, art, cheer, cooking, talent, creative writing, nature, jewelry making, lots of sports, yoga, board games, dance, joke telling, reading, gardening, water play, and karaoke.

Specials: A long-term project/skill that campers work on for one hour each day all week. On the Monday they arrive, the campers will choose what specials they would like to work on for the summer.



Little Scholars Academy Camp Registration Form

Camper Name: _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

Is your child allergic to any food or medication?

Yes __ No __ If yes, explain: _____

Does your child require a special diet?



Little Scholars Academy Camp Registration Form

Camper Name: _____

Yes ___ No ___ If yes, explain: _____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

Deposit:

\$50 deposit is due at the time of camp registration. This deposit will be put towards camp tuition.

SUMMER CAMP TUITION & PAYMENT:

The summer camp tuition fee is due every Monday of the week your child is enrolled, either by cash, check, or debit/credit card. If the tuition is unpaid, the camper cannot attend camp.

Please select from the following payment options:

- Full 7 weeks 6/3/24-7/19/24 -\$875
- Week of 6/3/24 - \$125
- Week of 6/10/24 - \$125
- Week of 6/17/24 - \$125
- Week of 6/24/24 - \$125
- * Week 7/1/24 - \$125
- * Week 7/8/24 - \$125
- * Week 7/15/24- \$125

Camp Tuition Total: _____

The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy. If multiple parties pay tuition, a tuition agreement is required for all Financially Responsible parties.

Terms of Agreement

Photo Release

I permit my child to be photographed during the **Little Scholars Academy Camp**. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports, and for promotional purposes, including flyers, brochures, newspapers, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation, and all photos are the property of Little Scholars Academy Camp and its affiliates.

Parent's/Guardian's Initials _____

The Little Scholars Academy Camp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child cannot participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Coordinator Signature: _____

Director Signature: _____

Little Scholars Academy Camp Registration Form

Camper Name: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release, discharge, indemnify, hold harmless, and defend Little Scholars Academy (District), its officers, employees, and servants from any liability (claims, demands, losses, causes of action, suits, judgments) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Little Scholars Academy Summer Camp. In any medical emergency, I authorize and consent for the District to act on behalf of medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor Phone Number

*Parent Signature

Contact Phone Number Date



