



SUMMER CAMP 2024
All Aboard for a Summer Adventure!
Monday, 6/10 through Thursday, 8/29

Non-Refundable Registration Fee:
 \$75 New Student
 \$35 Returning Student
 \$85 New Family
 \$45 Returning Family

Today's Date: _____ Registration fee paid: \$ _____ Cash _____ Check # _____ CC _____

Child's Full Name: _____ Birthdate: _____

For School-Age children - **GRADE COMPLETED:** _____

Home Address: _____

Parent/Guardian #1: _____

Relationship: _____

Phone: Cell: _____

Home: _____

Home Address: _____

SS # _____

Dr. License # _____

Email: _____

Employer: _____

Phone: _____

Parent/Guardian # 2: _____

Relationship: _____

Phone: Cell: _____

Home: _____

Home Address: _____

SS # _____

Dr. License # _____

Email: _____

Employer: _____

Phone: _____

Please **INITIAL** each statement to indicate that you have read and understand the Tuition Rates and Reservation Policy.

_____ I understand that I am required to complete a reservation form for summer in order to reserve the minimum of 8 weeks needed as well as the specific set schedule of days.

_____ I understand that I am required to pay for all weeks reserved based on the schedule that was reserved regardless of my child's attendance.

_____ I understand that there are **NO** daily rates, adjustments, or refunds.

_____ I understand that I can only guarantee my position in the weeks needed by turning in my Reservation Form by the due date.

MOVIE RELEASE: _____ my child may participate in the viewing of movies shown at The Learning Express. I understand the movies will be age appropriate and not exceed 1 hour in length.

I have read, understand and agree to the information on this application. In addition, The Learning Express policy statements have been read, understood, and agreed to in full.

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Administrator _____ Date _____

Please mark appropriately:

Yes, Attending: ✓

No, Not Attending: X



Reminder: **MUST** pick a minimum of 8 weeks

June	
June 10 th	
June 17 th (CLOSED WED, JUNE 19 th)	
June 24 th	
July	
July 1 st (CLOSED THURS, JULY 4 th)	
July 8 th	
July 15 th	
July 22 nd	
July 29 th	
August	
August 5 th	
August 12 th	
August 19 th	
August 26 th (CLOSED FRIDAY 8/30)	

Please Choose a Set Schedule:

- 5 Full Days
- 5 ½ Days
- 4 Full Days (Circle 4 Days – M / T / W / TH / F)
- 4 ½ Days (Circle 4 Days – M / T / W / TH / F)
- 3 Full Days (Must be M/W/F)
- 3 ½ Days (Must be M/W/F)
- 2 Full Days (Must be T/TH)
- 2 ½ Days (Must be T/TH)

I understand that I have until May 17th 2024 to make final adjustments to my Summer Schedule and that I will be expected to pay for the time I reserve (8 week minimum) whether my child attends or not.

(Payments are due Thursdays for the upcoming week)

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Date Received: _____ Staff Initial: _____ Added to Master List: _____

Notes: _____