2024 TOGETHER WE LEARN SUMMER CAMP REGISTRATION

Camper's First Name:	Camper's Last Name:			
Address:	City/State:Z	ip:		
Birthdate:	Gender:			
PAR	ENT/GUARDIAN INFORMATION			
Which parent do we contact first?				
PARENT/GUARDIAN 1:	PARENT/GUARDIAN 2:			
Relationship to Child:	Relationship to Child:			
Name:	Name:			
Home Address:	Home Address:			
City/State/Zip:	City/State/Zip:			
Primary Phone:	Primary Phone:			
Secondary Phone:	Secondary Phone:			
Email:	Email:			
Employer:	Employer:			
UNAUTHORIZED PICKUPS.	ORDERED CUSTODY ARRANGEMENTS TO PREVENT A			
	2. Name:			
Address:				
	City/State/Zip:			
Phone:				
	Relationship:			
** ID's will be ALWAYS be checked. Par	rents must notify if they are not picking up for the day.			
T . TIME T	Photo Release			
	the rights to use photographs of my child for promotional			
1 give permission for photo	s to be used I do not give permission for p	notos to be used.		
	Medical Information:			
Allergies:	Disabilities:			
Medical problems:	Dietary Restrictions:			

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Please select which camps your child will be joining us for this summer! Payment for ALL camps is due upon enrolling. Camps are Monday - Thursday from 9:00 - 12:00 and are \$150. We are closed Wednesday, July 4^{\dagger} . If you are a new family enrolling for ALL summer your registration is \$100.

Month	Week 1	Week 2	Week 3	Week 4	Week 5
June	It's a me,	Hawaiian	Sensory,		
	Mario	Week	Slime and More	Princesses and	
				Superheros	
	3-6	10-13	17-20	24-27	
July	Shark	Bluey	I	Bugs,	Z00
	Week!	and Bingo	Scream, You	Bees and	Explorers
			Scream, Ice	Butterflies	
			Cream		
	1-3 (\$112.50)	8-11	15-18	22-25	29-1

Name of Camper:						
Number of camps attending:						
Any additional information you would like us to know about your child?						
Office Use Only:						
Amount Paid:	Initials:					
Date Of Reservation:						

