



Summer Camp Application 2026

May 26th – July 31st

Today's Date: _____

1. Child's Name: _____ Birth Date: _____ M F

School: _____ Grade ('25-'26): _____ T-shirt Size (Youth): S M L

2. Child's Name: _____ Birth Date: _____ M F

School: _____ Grade ('25-'26): _____ T-shirt Size (Youth): S M L

3. Child's Name: _____ Birth Date: _____ M F

School: _____ Grade ('25-'26): _____ T-shirt Size (Youth): S M L

May							June							July						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2		1	2	3	4	5	6		1	2	3	4	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
31																				

The school will be closed on May 25th and July 3rd.

Child 1 Name	Child 2 Name	Child 3 Name	Summer Camp Weeks	Deposit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 1: May 26 – May 29 (All Stars Kick-Off) Camp Fees: \$375, Deposit: \$150	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 2: June 1 – June 5 (Disney Magic) Camp Fees: \$375, Deposit: \$150	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 3 & 4: June 8 – June 19 (Let's Get Down to Business) Camp Fees: \$750, Deposit: \$300	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 5 & 6: June 22 – July 2 (Master Chefs) Camp Fees: \$750, Deposit: \$300	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 7 & 8: July 6 – July 17 (10 Days Around the World) Camp Fees: \$750, Deposit: \$300	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 9 & 10: July 20 – July 31 (Carnival) Camp Fees: \$750, Deposit: \$300	
			Total Number of Weeks	
				Total Deposit



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PARENT/GUARDIAN INFORMATION

Guardian 1 Name: _____ Relationship: _____

Mobile: _____ E-mail: _____

Address: _____

Place of Employment: _____ Work Number: _____

Guardian 2 Name: _____ Relationship: _____

Mobile: _____ E-mail: _____

Address: _____

Place of Employment: _____ Work Number: _____

EMERGENCY CONTACTS

The persons (CANNOT be spouse or member of your household) listed below may be contacted in the event of an emergency
AND are authorized with proper identification to pick up my child.

Name: _____	Phone: _____	Authorized to Pick Up:
Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: _____	Authorized to Pick Up:
Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to pay my camp fees on the Friday prior to week of camp and understand that a \$35 late fee will be added weekly for fees paid later than Monday. I understand that I can pay additional weeks of tuition in advance without penalty. I understand that there is NO reduction of tuition due to illness. Additionally, I understand that deposits are non-refundable. Week can be swapped if there are open spots available and must be approved by La Mere Academy.

Parent/Legal Guardian Signature: _____ Date: _____
