

2024 Summer Camp Application

Date of Applic	ation	E-mail (write	clearly):			
Parent/Guardian First and Last Name						
Name of Child						
Date of Birth _						
Grade for the upcoming school year						
Email						
I would like my child to attend this location:						
		Cully	Overlook			
I would like my child to be enrolled for:						
	5 days	4 days	3 days	2 days		
If I am enrolling my child for two or three days, I would like my child to attend:						
Monday	Tuesday	Wednesday	Thursday Friday			
*Please do not choose Tuesday/Wednesday/Thursday						
Monthly Summer Camp Tuition						

Monthly Tuition Rate				
2 Days	\$825			
3 Days	\$1,075			
4 Days	\$1,325			
5 Days	\$1,425			