

Weekly Themed Sessions

Registration for Summer Camp for Young Children Summer 2024

Child's Name	M o	r F Birth Date	
Home Address			
City	State	Zip	
Parent 1 Name			
Daytime Phone #E	mail		
Parent 2 Name			
Daytime Phone #En	nail		
PLEASE CHECK ANY THAT MAY APPLY:			
New stu <mark>dent enrolled fo</mark> r t <mark>he upco</mark> ming s <mark>ch</mark>	nool year		
Registering two or more c <mark>ampers</mark> from th <mark>e</mark>	same family (10% dis	scount for youngest child)	
Parent/Guardian is an activ <mark>e mem</mark> ber of G	ieneva Presbyter <mark>ian C</mark>	<mark>hur</mark> ch (25% discount per child)	The same of the sa
Parent/Guardian is an active member of the	ne U.S. Milita <mark>ry and/or</mark>	First Responder (10% discount	per child)
I give my child permission to participate in war			
 Geneva Day School Summer Program and/or 	· Genev <mark>a D</mark> ay Scho <mark>ol l</mark>	nas my/our permission to use m	y child's
likeness for school purposes <mark>Y or_</mark> _N			
I authorize Geneva Summer Program staff to	re-app <mark>ly s</mark> unscreen ar	n <mark>d bug</mark> spray to my childY c	orN
Parents must provide sunscreen and Bug Spr	ay in a <mark>Zip</mark> loc bag clea	arly <mark>labeled with the child's nam</mark>	e.
Parent's Signature		Date	

Submitted registration forms are under the assumption that all fees be paid in full by March 4th, 2024. The parents' signature represents a binding agreement.

Once camp fees are paid, 75% is refundable if a camper withdraws up to 30 days before the session starts. No fees are refunded due to vacation, illness, non-attendance, or withdrawal less than 30 days prior to the beginning of the session.



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Emergency Contact Information and Health History Summer 2024

The following form is only for children 3½ years and older by June 1, 2024. Campers between 2 years old and 3 years 5 months old at the start of their session will be mailed the required forms separately.

Phone:
Guar <mark>dian)</mark>
Phone:
erso <mark>n abov</mark> e)
Phone:
l evaluations of the Child been made? Yes No
psychiatric, or behavioral problems, of which we need to be
ergies, or special needs we need to be aware of to ensure tha
No If Yes, please explain:
For campers who reside outside of the United
States or a U.S. territory:
1. Country in which the child resides:
Attach Department form DHMH-896 (record)
of vaccination or immunity)
or vaccination or initiality)
Date:



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Session	Dates	5 Days Half-Day Program	5 Days Full-Day Program	Before Care**	After Care**
		9:00 a.m 12:30 p.m.	9:00 a.m 3:00 p.m.	From 8:00 a.m.	From 3:00 - 4:30 p.m.
		\$350	\$500		
1	June 3 - 7				
2	June 10 - 14				
3*	June 17 – 21*				
4	June 24 – 28				
5*	Jul <mark>y 1 – 5*</mark>				
6	July 8 - 12				
7	July 15 - 19				
8	July 22 - 26				
9*	July 29 – August 2*				

Full-day programs are only available for children who are 2½ years and older by June 1st, 2024.

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^{**}Extended Care fees are based on \$20 an hour.

^{**}Before Care and After Care is available by reservation only and will be cancelled at any time due to lack of enrollment.

^{**}Before and After Care will only be available once staffing is confirmed.

^{*}Session 3 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed June 19th.

^{*}Session 5 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed July 4th.

^{*}Session 9 is a four-day week for all campers. If you register for Half-Day, the cost will be \$280 & Full-Day the cost will be \$400. Closed August 2nd.