



Summer Camp Application 2018

Name of Applicant _____ Nickname _____

Date of Birth ___/___/___ Age when camp starts _____ Grade in September 2018 _____

What school? _____ How did you hear about us? _____

Family Information

Parents' Names: _____ Home Phone: _____

Street Address: _____ City/State/Zip: _____

Mom's Phone #: _____ Mom's Email: _____

Dad's Phone #: _____ Dad's Email: _____

Secondary Address (if applicable)

Street Address: _____

City/State/Zip: _____

Attendance Information

Please check **all** the weeks that your child will be attending camp:

- Week 1 (June 18-22)
- Week 2 (June 25-29)
- *Week 3 (July 2-6)
- Week 4 (July 9-13)
- Week 5 (July 16-20)
- Week 6 (July 23-27)
- Week 7 (July 30- Aug 3)
- Week 8 (Aug 6 – Aug 10)

Please check **days** of attendance: ___ Mon. ___ Tues. ___ Wed ___ Thurs ___ Fri ___

Please check **times** of attendance: ___ Full Day (9am-4pm) ___ Half-Day (9am-12:30pm)

*July 4th Camp will be closed. No charge for this day.

(application continued on next page)

Summer Camp Questionnaire

1. What do you most want your child to experience at Bright Kids Academy Summer Camp?

2. Which of your child's qualities do you respect and admire the most?

3. What does your child want to accomplish at Bright Kids Academy Summer Camp?

4. Are there any restrictions regarding his/her physical activity? If so, explain.

5. Are there any medical conditions that we should be aware of (i.e. allergies, etc.)?

Camp Transportation Release

I hereby give permission for the transportation of my child for official Bright Kids Academy activities by modes of transportation agreed to by the camp organizers.

_____ Initials

Photo Release

I hereby give permission for my child to be photographed during the Bright Kids Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations, reports to donors, and for promotional purposes including flyers, brochures, internet, etc. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and all photos are the property of Bright Kids Academy.

_____ Initials

I certify that the above is complete and true. Bright Kids Academy reserves the right to dismiss a camper if it is believed to be in the best interest of the camp, other children and/or the child.

I understand that a one-time application fee of \$60.00, an application form, medical and field trip form are required on the child's first day.

A sibling 10% discount will be given for families enrolling more than one child in camp. A tuition paid-in-full 10% discount will be given if payment is received by June 15th.

No application fee is required for returning campers. No refunds of summer fees or deposits will be given.

Upon signature of this form, I am agreeing to pay all fees for the camp weeks I have chosen.

Signature of Parent or Legal Guardian

Date

Bright Kids Academy • 29 E. St. Charles Rd. • Villa Park, IL 60181
www.brightkidsacademy.org • (T) 630-620-8950 • brightkidsacademyIL@gmail.com