



2026 REGISTRATION

Child's Name: _____ DOB: _____

Parents Name: _____ Email: _____

***Circle desired Sessions & Days. Days MUST be the same for each session.**

Session 1 June 1-5th

Monday Tuesday Wednesday Thursday Friday # of Days:

Session 2 June 15-19th

Monday Tuesday Wednesday Thursday Friday # of Days:

Session 3 June 22-26th

Monday Tuesday Wednesday Thursday Friday # of Days:

Session 4 July 6-10th

Monday Tuesday Wednesday Thursday Friday # of Days:

Session 5 July 13-17th

Monday Tuesday Wednesday Thursday Friday # of Days:

Session 6 July 20-24th

Monday Tuesday Wednesday Thursday Friday # of Days:

*****NO CAMP June 8-12th (VBS week) or June 29-July 3rd (Holiday)**

Office Use Only: CASH _____ CHECK _____