



# 2022 CAMP APPLICATION

Turtle Creek Learning Academy

732-780-9656

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender - M \_\_\_ F \_\_\_ Grade Child will be entering in the fall: \_\_\_\_\_

Parent Names \_\_\_\_\_ \*Phone #1 \_\_\_\_\_

Address \_\_\_\_\_ \*Phone #2 \_\_\_\_\_

\_\_\_\_\_ \*Phone #3 \_\_\_\_\_

E-mail Address #1 \_\_\_\_\_ #2 \_\_\_\_\_

**\*Please list the phone numbers in the order you would like us to use them.**

**YOUNGER CAMPERS – AGE 2 - 4 FULL DAY - 9:00– 3:00 MINI DAY – 9:00-1:00**

**CHECK OFF YOUR SELECTIONS (X)  
FULL DAY M-F 9:00-3:00 \$300 PER WEEK  
MINI DAY M-F 9:00-1:00 or MWF 9-3 \$200 PER WEEK**

WK 1	OUTDOOR ADVENTURES	JUNE 20 – JUNE 24	
WK 2	YOUNG SCIENTISTS, OLD BONES	JUNE 27 – JULY 1	
WK 3	PIRATES AND PRINCESSES	JULY 5 – JULY 8	
WK 4	SCIENCE ALL AROUND US	JULY 11 – JULY 15	
WK 5	ART AND ARTISANS	JULY 18 – JULY 22	
WK 6	GET MOVIN'	JULY 25 – JULY 29	
WK 7	LEARNING WITH LEGOS	AUG. 1 – AUG. 5	
WK 8	LITTLE CHEFS	AUG.8 – AUG. 12	

**OLDER CAMPERS – AGES 4 - 6 5 FULL DAYS 9:00 – 3:00**

**CHECK OFF (X) \$300 PER WEEK – 5 FULL DAYS**

WK 1	OUTDOOR ADVENTURES	JUNE 20 – JUNE 24	
WK 2	YOUNG SCIENTISTS, OLD BONES	JUNE 27 – JULY 1	
WK 3	PIRATES AND PRINCESSES	JULY 5 – JULY 8	
WK 4	SCIENCE ALL AROUND US	JULY 11 – JULY 15	
WK 5	ART AND ARTISANS	JULY 18 – JULY 22	
WK 6	GET MOVIN'	JULY 25 – JULY 29	
WK 7	LEARNING WITH LEGOS	AUG. 1 – AUG. 5	
WK 8	LITTLE CHEFS	AUG.8 – AUG. 12	

**EXTENDED CARE**

I will need AM extended care Beginning at 8:30	M T W TH F	
I will need PM extended care offered until 4:00 pm.	M T W TH F Until _____	
I will need both AM & PM care	From _____ to _____	

Cost : (\$10.00 per hr.) If you need extended care every day, please see the director.



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**Please list 2 contacts authorized to pick up your child in case of emergency if neither parent is available.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

**We require a written note from you, signed and dated, if anyone other than yourself will be picking up your child. Please call the school or speak with the teacher directly to confirm this pickup. We will ask for ID upon pickup. We will not release your child without authorization.**

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
Street City State Zip Code

**Medical Emergency**

**In the event that a medical emergency occurs, I authorize Turtle Creek Learning Academy to Seek emergency medical care for my child as deemed necessary by the Director.**

\_\_\_\_\_  
Signature Date

List any known allergies: \_\_\_\_\_

Epi Pen Protocol – yes \_\_\_\_\_ no \_\_\_\_\_ (please see our director for the required forms)

**\*\*A copy of the child's health form must be submitted to the center prior to the start of camp.**

**I AGREE TO COMPLY WITH THE FOLLOWING POLICIES:**

1. The state requires we have a completed health record for each child.
2. Permission is granted for the child to use all of the facilities and participate in all the activities.
3. Permission is granted to use pictures taken at Turtle Creek, or during school trips in brochures, educational materials, or books.
4. Turtle Creek Learning Academy reserves the right to terminate this agreement if there are fewer than 8 students enrolled in the class. The parent may terminate this agreement for any reason up to May 1<sup>st</sup> with a one week written notice to the Director in advance of the effective date. All enrollment terminations or changes will be confirmed in writing. If the enrollment agreement is terminated between May 1<sup>st</sup> and May 30 you will be refunded 50% of the payment. After May 30<sup>th</sup>, if a parent withdraws his/her child, the payment is NOT refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_