

# The Learning Club

## SUMMER CAMP 2022

### REGISTRATION FORM

Student: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ /email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ /email: \_\_\_\_\_

ParentGuardianSignature \_\_\_\_\_ /Date: \_\_\_\_\_

**SUMMER CAMP HOURS 7:45AM - 4:00 PM / MONDAY THRU FRIDAY**  
**WEEKLY FLAT RATE \$375.00 / REGISTRATION FEE \$75 PER CHILD**

CHOOSE AND CIRCLE WEEKS ATTENDING

<b>WEEK 1</b>	<b>WEEK 2</b>	<b>WEEK 3</b>	<b>WEEK 4</b>
JUNE 6-10 (\$375)	JUNE 13-17 (\$375)	JUNE 20-24 (\$375)	JUNE 27-JULY 1 (\$375)
<u>COOKING IMPOSSIBLE</u>	<u>MY GREEN THUMB</u>	<u>ARTIST WEEK</u>	<u>STEM#1</u>
<b>WEEK 5</b>		<b>WEEK 6</b>	
JULY 5-8 4days (\$315)		JULY 11-15 (\$375)	
<u>STEM#2</u>		<u>ARTS &amp; CRAFTS</u>	
<b>WEEK 7</b>			
JULY 18-22 (\$375)			
<u>RAINFOREST</u>			

**NON- REFUNDABLE REGISTRATION FEE “PER CHILD” DUE WITH FORM: \$75**  
Accepting: VENMO @PencilCrayons 626-864-1513, ZELLE 626-864-1451, CHECK or CASH

STUDENT ALLERGIES \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PH# \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ *In case of actual emergency HC will make every effort to contact parents/guardian of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parent/guardian, we require this medical release to be signed by all participants.\* I HERBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY HC TO HOSPITALIZE to SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.*

**HC & TLC will follow state mandated COVID-19 SAFETY STANDERS.**  
**ALL PARTICIPANTS must agree to follow protocol while in our program.**

*Office use only:*

REGISTRATION PAID: _____	WEEKS PAID: _____
WEEKS ATTENDING: _____	