



## Peachtree Summer Camp Registration 2026

Camp Names: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: (Circle One) M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Upcoming Grade Level: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Mom Phone: \_\_\_\_\_ Dad Phone: \_\_\_\_\_

### Payment Policy:

Half of the camp fee will be due upon registration and the rest on the first day of camp. Monday-Thursday 3 hour camps are \$90; Monday-Friday all day camps are \$175. These prices **include all materials** needed during camp. Peachtree Learning Center does reserve the right to refuse a camper if we feel their needs are more than our staff is able to serve & provide.

I have read the payment policy and agree to its terms. Please check box ( )

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Peachtree Learning Center Parent Approval/Liability Release Form

I authorize Peachtree Learning Center's Director, staff or one of its teachers to approve treatment of \_\_\_\_\_ in case of medical emergency. I hereby hold harmless and forever discharge the party approving treatments, Peachtree Learning Center, or any extension faculty, its officers, agents, and employees from any action resulting from said approval including injury, illness, death or loss or damage to property, which the above said child may suffer from while participating in above mentioned program.

Notice: In case of an incident or illness incurred while attending Peachtree Learning Center, the parent's health insurance will be the primary carrier to any other insurance.

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Parent's Signature

Parent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_