



Peachtree Summer Camp Registration 2024

Camp Name: _____

Student Name: _____ Gender: (Circle One) M F

Date of Birth: _____ Age: _____ Current Grade Level: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Payment Policy:

Half of the camp fee will be due upon registration and the rest on the first day of camp. 3 hour camps for students under ten years old are \$75; 3 hour camps for students over ten years old 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 Inc., the parent's health insurance will be the primary carrier to any other insurance.

Parent's Signature

Parent Address: _____

Phone: _____

Email: _____

