



CHILD'S FULL NAME: _____ Grade JUST Completed _____

2024 SUMMER CARE ENROLLMENT

Enrollment for School Age Summer Care is either 3, 4 or 5 full days per week.

I am enrolling my child according to the following schedule listed below for the Lambertville Academy School-Age Summer Care Program. Please circle the days that you wish your child to be in attendance.

There is no sibling discount applicable for the Summer Camp Program.

5 Full days- \$295 p/week 4 Full days- \$275 p/week 3 Full days \$250 p/week

7:00 am—6:00 pm

Scholarship Funds are available-please let me know if you are interested!

___ Week 1: June 17 – June 21					
			T	W	TH
	(3 day Summer Camp Transition week-LA is CLOSED FRIDAY, June 21)				
___ Week 2: June 24– June 28					
	M	T	W	TH	F
___ Week 3: July 1– July 5 (LA closed 7/4)					
	M	T	W		F
___ Week 4: July 8 – July 12					
	M	T	W	TH	F
___ Week 5: July 15– July 19					
	M	T	W	TH	F
___ Week 6: July 22– July 26					
	M	T	W	TH	F
___ Week 7: July 29–August 2					
	M	T	W	TH	F
___ Week 8: August 5– August 9					
	M	T	W	TH	F
___ Week 9: August 12 – August 16					
	M	T	W	TH	F
___ Week 10: August 19 – August 23					
	M	T	W	TH	F
___ Week 11: August 26 – August 30					
	M	T	W	TH	

*There will be **NO CAMP– THURSDAY JULY 4, 2024 and FRIDAY, AUGUST 30, 2024**

My signature indicates that I agree to the enrollment terms. I understand that any changes to the enrollment schedule indicated above will be made 2 weeks before the week of attendance.

Signature of Parent/Guardian: _____

Date: _____