

Corner Canyon Academy Draper

Utah's Perfect "Balanced Beginning" for your Precious Child

12958 S. 1300 E. Draper, Utah 84020

801-523-3868

www.cornercanyonacademy.com

Summer Fun Camp 2020



Daily Workshops Including...

*Reading *Math *Sports/Games *Art/Crafts
*Science *Outdoor Play *Dance/Movement *Singing

This is a 6-week course, 4 hours per day

For Students Ages 2 ½ – 6 Years Old

3 Days per Week-Tuesday, Wednesday, Thursday

Time: 9:00 AM-1:00 PM (4 hours per day)

Drop off 9:00-9:15, Pick-up 12:45-1:00

*Tuition: \$475.00 (includes all 6 weeks)

*Students must bring a sack lunch and drink to school on each school day!!!

June Dates:

Week 1: 9, 10, 11

Week 2: 16, 17, 18

Week 3: 23, 24, 25

July Dates:

*No Camp the week of June 29th-July 3rd

Week 4: 7, 8, 9

Week 6: 21, 22, 23

Week 5: 14, 15, 16

*To secure your child's space in Summer Fun Camp; send/bring in your application with a \$250.00 Non-Refundable Deposit paid with cash, check (make checks out to Corner Canyon Academy), or credit card. Balance due May 29, 2020.

Student First & Last Name: _____ Birthdate: ____/____/____ Sex: _____

Parent/Guardian #1 Name: _____ Relationship to child: _____

Cell Phone Number: _____ Other Phone: _____

Parent/Guardian #2 Name: _____ Relationship to child: _____

Cell Phone Number: _____ Other Phone: _____

Student Home Address: _____ City: _____

Zip: _____ Parent/Guardian Email Address: _____

Summer Fun School \$250.00 Non-Refundable Deposit Credit Card Payment

*Please fill in the following information if you would like to pay by Credit Card. Your credit card will be charged a deposit of \$250.00 and the remaining balance is due May 29, 2020

Name on Card: _____ Billing Zip Code: _____

Card # _____ - _____ - _____ CVC Code: _____ Exp: ____/____

Check the box if you would like the remaining balance charged to your credit card on May 29, 2020.

SEE PAGE 2 ENROLLMENT FORM



Summer Fun Camp 2020 Enrollment Form

*Please fill out and attach to the Summer Fun School Registration Form and return with payment.

Emergency Contacts

Other Person(s) authorized to pick up student or call if parents cannot be reached.

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone #: _____

FOOD ALLERGY INFORMATION

CHILD'S NAME: _____

Food Allergies (list only food allergies that we need to be aware of at school, please note: if your child has a severe food allergy the parent will need to provide the child's own snacks at school as well as any medical supplies necessary, such as an Epi-Pen):

NO FOOD ALLERGIES: _____ **YES (Describe):** _____

SUMMER FUN SCHOOL FOOD PERMISSION FORM

*During Summer Fun School, we may prepare foods that go along with our theme. Please indicate if your child has permission to participate in any/all of these activities.

Please check the box that applies:

- My child may eat the food cooked/prepared at Summer Fun Camp without any restrictions.
- My child may NOT eat food/snacks made/given at Summer Fun Camp.
- My child may eat the food cooked/prepared at Summer Fun Camp with the following restrictions.

Please list food restrictions: _____

Parent/guardian signature: _____ Date: _____

Liability Waiver and Consent

I, _____ (Self) hereby give permission for my son/daughter to attend Corner Canyon Academy. In lieu of extending my permission, I will also hold harmless, Marilyn S. Larson, Robert C. Larson and any or all teachers, staff, aides, parents, et al, who are connected with Corner Canyon Academy, salaried or not, from any accident or injury to our child, _____ (Child's Name), for which Corner Canyon Academy will not be held legally liable.

In the event my son/daughter, _____ (Child), is injured as a result of an accident while attending Corner Canyon Academy, I hereby give my permission to all duly authorized persons connected with Corner Canyon Academy to administer first aide.

I have read the above, and I am in agreement with its contents.

Full given name of Parent/Legal Guardian

Date Signed