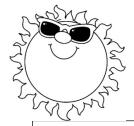
Corner Canyon Academy Draper

12958 South 1300 East, Draper, Utah 84020

801-523-3868

www.cornercanyonacademy.com

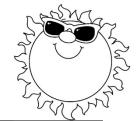


Summer Fun Camp 2023

Daily Workshops Including...

Reading*Math*Sports/Games*Arts/Crafts

STEM*Outdoor Play*Dance/Movement*Singing



3 Days Per Week - Tuesday, Wednesday, Thursday

Time - 9:00 AM - 1:00 PM (4 Hours per day) Drop Off - 9:00-9:10, Pick Up - 12:50-1:00 *Tuition - \$525.00 (includes all 5 weeks)

> <u>June Dates</u> <u>Week 1:</u> 20, 21, 22 <u>Week 1:</u> 27, 28, 29

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

<u>July Dates</u> <u>Week 3:</u> 11, 12, 13 <u>Week 4:</u> 18, 19, 20 <u>Week 5:</u> 25, 26, 27

*To secure your child's space in Summer Fun Camp please send/bring in your registration form with a \$250.00 Non-Refundable Deposit, paid with cash, credit card, or check (made out to Corner Canyon Academy). The remaining balance will be due on May 27th, 2023.

Name of Child:	Birth Date		_ Gender	r: Male/Female (circle one)
Name you would like child called at School (if dif	ferent)			
Parent/Guardian #1:	Relationship to Child:			
Cell Phone Number:	Other Phone Number:			
Parent/Guardian #2:	Relationship to Child:			
Cell Phone Number:	Other Phone Number:			
Student Home Address:				City:
Zip: Email Address (please write as nea	atly as possible):			
*Please fill in the following information if y	amp Non-Refundable \$25 you would like to pay by Credit and the remaining balance is du	ard. Yo	our credit	
Name on Card:	Billing Zip			
Card #:		хр:	/	CVV Code:
Signature:				
$\ \square$ Check the box if you would like the re	e I have paid the Registration Fee, it maining balance charged to you	credit	card on	



Summer Fun Camp 2023

*Please fill out and attach to page 1 of the Summer Fun Camp Registration form and return with payment.

		·		
Other person(s) authorized to pick u	Emergency Contacts p student, or call if parents can	not be reached:		
o mer percente, damenzea te pietta	p oragoni, or out it paronie out	nor se readinea.		
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
1	FOOD ALLERGY INFORMATION	ON		
will need to provide the child's own snac	e of at school, please note: if your o ks at school as well as any medical Describe):	child has a severe food allergy the parent supplies necessary, such as an Epi-Pen): ON FORM		
permission to participate in any/all of the Please check the box that applies: My child may eat the food cooked/pre	hese activities.			
 ☐ My child may NOT eat food/snacks m ☐ My child may eat the food cooked/property Please list food restrictions: 	•	he following restrictions.		
Parent/guardian signature:		Date:		
Liability Waiver and Consent				
any or all teachers, staff, aides, parents	s, et al, who are connected with Co	rmission for my son/daughter to attend harmless, Travis Larson, Sara Larson and rner Canyon Academy, salaried or not, (Child's Name),		
In the event my son/daughter, while attending Corner Canyon Academy Corner Canyon Academy to administer fi), is injured, as a result of an accident, duly authorized persons connected with I am in agreement with its contents.		
Print full given name of Parent/Lego	ıl Guardian:			
Parent/Legal Guardian Signature:		Date Signed:		