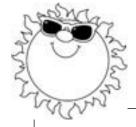
## **Corner Canyon Academy Draper**

12958 South 1300 East, Draper, Utah 84020

801-523-3868

www.cornercanyonacademy.com



## **Summer Fun Camp 2024**

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 - \$550.00 (includes all 5 weeks)

> <u>June Dates</u> <u>Week 1:</u> 18,19,20 <u>Week 1:</u> 25,26,27

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

<u>July Dates</u>
<u>Week 3:</u> 9,10,11
<u>Week 4:</u> 16,17,18
<u>Week 5:</u> 23,24,25

\*To secure your child is space in Summer run Camp please send/bring in your registration form with a <u>\$250.00 Non-Kerundable Deposit</u>, paid with cash, credit card, or check (made out to Corner Canyon Academy). The remaining balance will be due on May 27<sup>th</sup>, 2024.

Birth Date	_ Gender: Male/Female (circle one)
Relationship to Child:	
Other Phone Number:	
Relationship to Child:	
Other Phone Number:	
	City:
e):	
n-Refundable \$250.00 I by Credit Card. Your credit card v	<b>Deposit</b> will be charged a deposit of \$250.00 and
Bi	lling Zip
Exp:	/ CVV Code:
charged to your credit card on M	
	Relationship to Child: Other Phone Number: Relationship to Child: Other Phone Number: Other Phone Number:  Pel: Phone State of the Registration Fee, it is not recharged to your credit card on Miles.

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: to be aware of at school, please note: if your school as well as any medical supplies neces.		Food Allergies (list only food allergies that we need llergy the parent will need to provide the child's own snacks	
NO FOOD ALLERGIES:YES (Describ			
*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/prepar  My child may NOT eat food/snacks made, My child may eat the food cooked/prepar  Please list food restrictions:	/given at Summer Fun Cam red at Summer Fun Camp w	np. with the following restrictions.	
Parent/guardian signature:		Date:	
•		ied or not, from any accident or injury to our child, for which Corner Canyon Academy will not be held legally	
liable.			
In the event my son/daughter,	on to all duly authorized pe	d), is injured, as a result of an accident, while attending Corne persons connected with Corner Canyon Academy to administents.	er er
Print full given name of Parent/Legal Gu	ardian:		
Parent/Legal Guardian Signature:		Date Signed:	