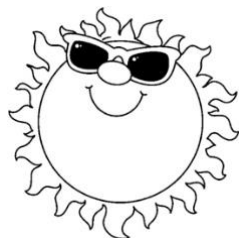


Corner Canyon Academy Draper

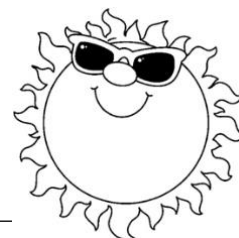
12958 South 1300 East, Draper, Utah 84020

801-523-3868

www.cornercanyonacademy.com



Summer Fun Camp 2026



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 - \$625.00 (includes all 5 weeks)

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

June Dates

Week 1: 16,17,18

Week 1: 23,24,25

July Dates

Week 3: 7,8,9

Week 4: 14,15,16

Week 5: 21,22,23

*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 26th, 2025.

Name of Child: _____ Birth Date _____ Gender: Male/Female (circle one)

Name you would like child called at School (if different) _____

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 neatly as possible): _____

Summer Fun Camp Non-Refundable \$300.00 Deposit

*Please fill in the following information if you would like to pay by Credit Card. Your credit card will be charged a deposit of \$300.00 and the remaining balance is due May 26th, 2025

Name on Card: _____ Billing Zip _____

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

Signature: _____

I understand that once I have paid the Registration Fee, it is not refundable.

☐ Check the box if you would like the remaining balance charged to your credit card on May 26th, 2025.

Summer Fun Camp 2026

*Please fill out and attach to page 1 of the Summer Fun Camp 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: _____

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

Print full given name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date Signed: _____