



# Bright Leaders Academy Summer Camp Enrollment Form (2026)

## Child's Information

- Full Name: \_\_\_\_\_
  - Nickname (if any): \_\_\_\_\_
  - Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
  - Age: \_\_\_\_\_
  - Gender:  Male  Female  Other: \_\_\_\_\_
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## Parent/Guardian Information

### Parent/Guardian 1

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Home Address: \_\_\_\_\_

### Parent/Guardian 2

- Name: \_\_\_\_\_
  - Relationship to Child: \_\_\_\_\_
  - Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
  - Email Address: \_\_\_\_\_
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## Emergency Contact (Other than Parent/Guardian)

- Name: \_\_\_\_\_
  - Relationship to Child: \_\_\_\_\_
  - Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
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# Authorized Pick-Up Persons

(Individuals allowed to pick up your child)

- Name: \_\_\_\_\_ Phone: () \_\_\_\_\_ - \_\_\_\_\_
  - **Name:** \_\_\_\_\_ **Phone:** () \_\_\_\_\_ - \_\_\_\_\_
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## Camp Session Selection (2026)

(Select the weeks your child will attend)

Week	Dates (2026)	Theme	Enroll ✓
Week 1	June 15 – June 19	Magical Mess	<input type="checkbox"/>
Week 2	June 22 – June 26	Little Explorers	<input type="checkbox"/>
Week 3	June 29 – July 3	Color Crazy	<input type="checkbox"/>
Week 4	July 6 – July 10	Sports & Games	<input type="checkbox"/>
Week 5	July 13 – July 17	Splish & Splash	<input type="checkbox"/>
Week 6	July 20 – July 24	Silly Science	<input type="checkbox"/>
Week 7	July 27 – July 31	Mini Chefs	<input type="checkbox"/>
Week 8	August 3 – August 7	Tiny Talents	<input type="checkbox"/>
Week 9	August 10 – August 14	Community Helpers	<input type="checkbox"/>
Week 10	August 17 – August 21	Garden Growers	<input type="checkbox"/>
Week 11	August 24 – August 28	Rainbow Week	<input type="checkbox"/>

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## Medical Information

- Allergies?  Yes  No

→ If yes, list: \_\_\_\_\_

- Medical Conditions or Special Needs: \_\_\_\_\_

- Medications Required?  Yes  No

→ If yes, explain: \_\_\_\_\_

- Physician's Name: \_\_\_\_\_
  - Physician's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
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## Permissions

(Initial each permission below)

- \_\_\_\_\_ I give permission for my child to participate in all on-site activities.
  - \_\_\_\_\_ I give permission for my child to attend field trips (separate permissions may be required).
  - \_\_\_\_\_ I give permission for sunscreen/insect repellent application.
  - \_\_\_\_\_ I give permission for my child's photo/video to be used for:
    - Internal Use
    - Marketing Use
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## Payment Information

- Registration Fee (Non-refundable): \$ \_\_\_\_\_
- Weekly Camp Fee: \$ \_\_\_\_\_ per week
- Total Weeks Enrolled: \_\_\_\_\_ weeks
- Total Tuition Due: \$ \_\_\_\_\_

### Payment Method (select one):

- Credit Card  Debit Card  Bank Transfer  Cash  Check

Deposit Amount Paid: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

### Credit Card Authorization (if applicable):

- Cardholder Name: \_\_\_\_\_
  - Card Number: \_\_\_\_\_
  - Expiration Date (MM/YY): \_\_\_\_ / \_\_\_\_
  - CVV: \_\_\_\_\_
  - Billing Address (if different): \_\_\_\_\_
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## Parent/Guardian Agreement

I certify that the information provided is complete and accurate. I understand that fees must be paid on time to retain my child's enrollment in camp. I agree to all camp policies, including medical and emergency procedures.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_