



**Summer Camp 2026**  
**Monday through Friday 7:30 am to 2:00 pm**  
**Extended Day Until 6:00 pm**

**Level I**

	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
	06/29 07/03	07/06 07/10	07/13 07/17	07/20 07/24	07/27 07/31
<b>\$210 per week</b>					
<b>+ \$70 per week extended day</b>					

**Please select the weeks that your child will attend. Payment will be charged the Wednesday prior to the selected camp week.**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

**Parents/ Guardian Information:**

Mother's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Information:**

*Child will be released only to the Parents/Guardian, or the people listen below.*

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby enroll my child for Summer Camp at IQ Village. Above child is in good physical and mental health. I realize that the activities involved in his or her education involve physical contact and hereby relinquish all rights to claim or recover damages for personal injuries in connection with his or her education at IQ Village Pre-School. I understand that the fee will be charged the Wednesday prior to the week my child will attend. I am responsible for providing food and snacks, and it is my sole responsibility to contact the school if my child will not attend for the day.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Signature or Parent/Guardian

\_\_\_\_\_  
Date