



# SLINGERLAND SUMMER CAMP REGISTRATION

557 Olivina Ave., Bldg B  
Livermore, CA 94551  
Phone: (925)344-6144

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade in August: \_\_\_\_\_

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

Registered LVA student for 2026-27: YES NO Current School: \_\_\_\_\_

### PARENT/GUARDIAN Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### \*\*Please select the enrollment session:

\_\_\_ Slingerland Camp – 9-12 noon - **June 22 - July 17 (no camp July 3) - \$2,600**

\_\_\_ Summer Camp add-on pm - \$200/wk

\_\_\_ Wk 1 \_\_\_ Wk2 \_\_\_ Wk 3 \_\_\_ Wk 4

The Summer Camp NON-REFUNDABLE deposit of \$400 (applied to camp total) is due when submitting registration. **Balance due June 1, 2026.**

I have received, read, and agree to the LVA Summer Camp Information page. Initials \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We consent to allow my/our child's image to be used on the LVA social media, website and understand that no child's name or information will be disclosed. \_\_\_\_\_ Yes \_\_\_\_\_ No

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**SCHOOL USE ONLY**

Date Received: \_\_\_\_\_

Cash, Check # \_\_\_\_\_, or Other \_\_\_\_\_

Start Date: \_\_\_\_\_

Received:     \_\_\_ Health & Allergy Form

Received By: \_\_\_\_\_

\_\_\_ Emergency Card

Deposit: \_\_\_\_\_

Camp Fee: \_\_\_\_\_

Other/Notes:

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