



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 2025-26: 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: _____

Select: ____ 2 Weeks - \$950 or ____ 6 Weeks - \$2,400

**Please select enrollment sessions (Must Choose Two Weeks):

____ Week 1 – June 16 - June 20

____ Week 4 – July 7 – July 11

____ Week 2 – June 23 - June 27

____ Week 5 – July 14 – July 18

____ Week 3 – June 30 - July 3

____ Week 6 – July 21 – July 25

*The Summer Camp NON-REFUNDABLE deposit of \$400 (applied to camp total) is due when submitting registration. **Balance due June 2, 2025.***

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

SCHOOL USE ONLY

Date Received: _____

Cash, Check # _____, or Other _____

Start Date: _____

Received: ___ Health & Allergy Form
 ___ Emergency Card

Received By: _____

Deposit: _____

Camp Fee: _____

Other/Notes:
